

# THE AMERICAN JOURNAL OF NURSING

Vol. XV

OCTOBER, 1914

No. 1

## EDITORIAL COMMENT

### THE RED CROSS IN TIME OF WAR

The Red Cross ship, with its precious freight of doctors, nurses and hospital supplies, has at last sailed, after many delays caused by the questions raised regarding the neutrality of the sailors. It will be followed by the loving wishes of all the enrolled nurses who were not chosen or who could not go, and by many others. In San Francisco, on the afternoon of September 6, at the call of the president of the American Nurses' Association, a prayer service was held for the Red Cross nurses, to which all pupil and graduate nurses who were free to come were invited.

Miss May reports that she has a fine group of nurses and that she will send to the JOURNAL, through Miss Delane, reports of the actual service being rendered by the various groups, when it is possible to do so. A serious, earnest spirit prevails and all are anxious to do their utmost to be of service to those in need. The nurses are to adopt the foreign custom of using their Christian names, with the prefix, Sister, to avoid any unpleasantness that might arise from the use of foreign surnames.

We know that there are some who will agree with the sentiments expressed by Miss Dock in her department in this magazine, and there are others who are asking why it is necessary to send our nurses abroad to countries well supplied with their own medical corps. We want to remind such that our nurses have been sent abroad not to lead others or to show how Red Cross work should be done, but to supplement the existing relief work, to piece in where there is no one else to serve. When we consider that the wounded are numbered by thousands, it seems evident that no country can have the facilities for caring for all who need care and that the Red Cross units from America will be

a welcome addition to those already at work in the various countries. It may well be that they will learn much from the foreign organizations. England, Germany, France, Russia and probably Austria, have well-organized Red Cross corps, and the Japanese, during their recent war with Russia, demonstrated their ability to give object lessons to all nations in reducing to a minimum the loss of life during warfare.

The Red Cross organization came into existence as the result of war, to alleviate the condition of those who had become helpless through wounds or disease that they might as far as possible be spared unnecessary suffering or being crippled or maimed for life. It is only because of that idea, that those who have done their duty to their country shall not become incapacitated, that when they return to civil life they may take up their former occupations, that the best of scientific medical care and nursing are placed at their disposal.

There comes as yet no ray of light in the darkness of war which shadows the earth. Victories are reported from one side or the other, but who can rejoice in any success which means the slaughter of thousands, the desolation of homes, the retardation of industry? Peace is not yet in sight; much suffering and sorrow must still be endured by the combatants themselves, by their families at home and by the inhabitants of cities and villages which lie in the path of the armies.

As is always the case in time of war, there is not only the horrible side, but the heroic one. We have stories of heroism, of self forgetfulness, of true patriotism to cheer our hearts and we may rejoice that our own country is doing all it can to help preserve the balance of equity and justice. Our ambassadors and counsels have proved themselves men to be proud of, men who stick to their posts in time of danger and render every possible service not only to their countrymen, but to citizens of any country who need their aid. We often hear pessimistic remarks about the rule of politics in all appointments but a strain like the present one brings to light the fact that there are still hosts of public servants who have a true sense of duty, far above the level of party politics.

#### HOW ASSOCIATIONS AND HOSPITALS CARE FOR SICK NURSES

A circular letter sent out in July by the Nurses' Relief Fund Committee of the American Nurses' Association has brought out a great many interesting facts in regard to the amount and kind of care given to nurses when they are ill by the association to which they belong and the hospitals from which they graduated. As would be expected, the state associations, as a rule, do not try to care for their members in illness, leaving that task to the smaller associations which are more



closely in touch with them. Notable exceptions are found in the case of two state associations which are caring for tubercular nurses in a fine and helpful way. Replies from county and city associations show that these, too, do not consider the care of the sick as their especial province, though the local associations of the west or southwest, where the members are far from home or from their own alumnae associations, do often provide for nurses in need, when the need arises and according to the case. Alumnae associations, on the other hand, have the care of their sick very much at heart and there is hardly one which does not provide definitely and generously for its members. Some have pension funds, some have loan funds, some have both, nearly all have a relief fund of some kind or other upon which a nurse in need may draw.

Of special interest has been the information in regard to the provision made for hospital care for graduate nurses. Many hospitals give half rates to sick nurses so that it is unnecessary for the alumnae to make an endowment or to furnish a room. One association reports with just pride that its hospital cares for every nurse who is ill without any charge whatever. Another hospital will not allow its alumnae to endow a room and it does nothing itself. A third grudgingly allows a room to be endowed but with the provision that it is only to be used by nurses who are in actual need. Which of these three hospitals will have the most enthusiastic support of its nurses?

It is, of course, impossible for any outsider to judge the finances of an institution and to say what it should or should not do for the nurses who have been graduated from its training school, but one principle we may state without fear of contradiction and that is that it does not pay any hospital to alienate the sympathies and loyalty of its great army of graduates, scattered as they are in other hospitals, in private homes and in public health work. It is a hard task for any alumnae association to raise the needed sum of money to endow a room and if they are willing to make the effort to do this, it seems the blindest sort of policy on the part of the hospital not to do all it can to encourage them in the undertaking. We have no proof that the attitude of an institution toward its graduates affects the supply of available pupil nurses, but it seems reasonable to suppose it would. Certainly those hospitals that so generously give rooms for the use of their graduates or reduce their rates, must have the affection and respect of all nurses who enter their walls. The service given their patients should be of a different character from that which can be given an institution which has no thought for those who have given so much of the best of their lives in its service.

It is hoped that the nurses in large organizations who have worked out carefully the best forms of administering large relief funds will give the benefit of their advice to the national committee which is anxious to formulate rules which shall aid it in the fairest and wisest use of the Nurses' Relief Fund.

#### THE INTERNATIONAL CONCERNS

All over the country and all over the world nurses are wondering what effect the war will have upon the international meetings. It seems probable now that the meetings will be held in San Francisco as had been planned, certainly those of our own associations and probably those of the International Council, though it is feared that the attendance from abroad will be greatly decreased.

Early in September a full committee meeting being impossible, a conference took place in New York between Miss Goodrich, president of the International Council of Nurses, Miss Dock, the secretary, Miss Crandall, Miss Foley, Miss Frank, Miss Waters and Miss Shatt. The subject under discussion was the proposed nursing exhibit at San Francisco. In view of the immense disaster following upon the European war, it was unanimously resolved that money should not be spent for the purpose of an exhibit, especially as there are likely to be but few foreign visitors. It was felt that it would be best to wait for a more happy and auspicious moment and a telegram to this effect was sent to the California committee.

It is hoped that the Exposition, itself, will prove an attraction to these Americans who usually go abroad for their outings and that there will be no great loss in connection with it. Certainly the people of California have not lost heart or courage. The chairman of the California committee for the nursing meetings writes:

The 1915 Exposition ground in San Francisco is the center of many busy scenes. The great buildings, the acres of lawns and gardens, the wonderful driveways have sprung as if by magic from the dunes and cloak the shore of San Francisco Bay from the busy waterfront to the Golden Gate on the Pacific.

There is to be no relaxing of energy or relinquishment of any of the projects connected with this great world fair on account of the European War. On the contrary, the substantial men of California stand shoulder to shoulder in supporting the whole plan as mapped out by the Exposition officials and it is assured that this great fair will open its gates to the world on the day originally set, February 20, 1915.

The nurses of the world have a responsibility in connection with this great-est of Expositions, a responsibility and an opportunity. In San Francisco, in the heart of the preparation, the 1915 Committee is working out the plan entrusted to it by the International Council of Nurses. Regular meetings are being

held and plans formulated for the entertainment and housing of the guests and the financing of the work.

The nursing conventions open on May 31, and for one week the leaders of the nursing world will present splendid papers in the discussion of common problems. In a round of meetings and social functions which will weld all hearts anew in loyalty to the profession, the nurses of California are making ready for their coming.

Nurses who are planning to go to the Fair at San Francisco next year and who are, for any reason, unable to take the official tour being planned by Miss Deck, should make a careful study of rates and of routes and should not pass by any of those great natural attractions such as the Yellowstone Park, the Grand Canon, or Niagara if, by a little planning of time and arrangement of tickets, they can be included. People come from all over the world to see these wonders and it is a pity to miss them.

At any railway ticket office one may obtain folders of the principal railways which show the different attractions that are offered by each special route.

#### IMPROVISING

Every nurse who is worthy the name has at some time in her career had to improvise apparatus or appliances to meet the need of the moment. Perhaps the nurse who graduated from a large hospital finds herself in a small one with a very limited income and in order to save expense and help the medical staff to do its best work she has improvised something to take the place of the costly apparatus to which she was accustomed; the public health nurse must constantly improvise in the homes of the poor, making something out of nothing; the private duty nurse must manage in ingenious ways to get good results from home-made appliances when far from a drug store or when with people of moderate means. It is interesting and helpful to others to know what has been done in an emergency and how, and we wish all of our readers who have had success in this way would write us accounts of their experiments, not necessarily long articles, but short ones, with illustrations, where these are possible. For all such as are acceptable the JOURNAL will pay at its regular rates.

#### JOURNAL CIRCULARS

The JOURNAL was so occupied with the readjustment of its business arrangements during the year that followed the change of publisher that it could not take time to hunt up its old subscribers. It has now sent letters to all who were formerly members of its family, asking

them to renew their subscriptions and work with the editors in keeping the magazine on its high plane in nursing journalism.

All names and addresses are compared with the present file before the letters are sent out, but in handling thousands of cards, some names will slip by which should have been noted as subscribers; also between the sending of the list to the post-office and its receipt, subscriptions may have been removed. Nurses who receive a notice of expiration, when they are still subscribers, are asked not to take it as a personal affront but to consider that it is a clerical error of which no notice need be taken.

---

#### DEATH OF ISABEL McMAAC

As the last proof of this issue of the JOURNAL goes to press, there comes to us the overwhelming news of the death at Washington, on September 21, of Isabel McMaac, probably the best known and best loved of the present generation of American nurses. We had known that she was giving up her position as Superintendent of the Army Nurse Corps, because of great fatigue, and that she had been taken to the Walter Reid Hospital to recuperate, but we had not known that her condition was so serious. Her resignation was to have taken effect on October 1 and we understand that her successor was Dora E. Thompson, appointed from the ranks of the Corps. It is impossible in this limited space to comment on Miss McMaac's services to her profession. Her loss will be felt in every corner of the land.

## BLOOD PRESSURE

By CHARLES CLYDE SUTTER, M.D.

*Rochester, N. Y.*

Much attention is now being given to a study of arterial tension and clinicians are attaching special importance to the variations which the tension undergoes in different diseased conditions. Its determination is of special diagnostic import and often presents direct therapeutic indications. When incorporated as a part of every routine examination we are often able to detect a tendency to an abnormally high blood pressure before it begins to induce symptoms. Appropriate measures instituted at this time will usually keep the patient within the danger line.

To understand blood pressure fully let us recall that the blood travels in a circle, completing the circuit in man in about thirty seconds. The blood is driven out of the heart into the arteries by contractions of the ventricles of the heart. With each systole of the heart the arterial walls are stretched. After the completion of systole (diastole), the blood is driven onward in the arteries and into the capillaries by the elastic recoil of the arterial walls.

We are convinced that the blood exercises pressure upon the walls of the vessels containing it, because we know that the blood is forcibly injected into the arteries with each systole; the vessels are already full of blood; the arteries are highly distensible and stretch to accommodate the extra amount of blood forced into them; and that a distinct resistance is met between the arteries and veins by the minute arterioles and capillaries. The sectional area of the capillaries is several hundred times that of the aorta and the friction generated by the passage of the blood through these minute channels opposes a considerable hindrance or resistance in its course. This resistance is known as peripheral resistance.

The sum of all these factors, the propelling force of the heart, the volume and viscosity of the blood, the elasticity of the arteries and the resistance in the arterioles and capillaries, determines the amount of arterial tension.

The general or local flow of blood depends largely upon the relation between the heart's action and the peripheral resistance. The regulation of the amount of resistance to the passage of blood at the periphery is principally done by alteration of the calibre of the arterioles.



Normally the tone of an artery is maintained by the nervous system at about midway between extreme contraction and extreme dilatation.

Blood pressure varies greatly in different parts of the body. It is greater during systole than during diastole and is greatest in the ventricle and aorta near the heart and gradually diminishes toward the vessels more remote from the heart. In the veins it is nowhere great and changes but little in systole and in diastole. In the large veins near the heart the pressure becomes negative, suction rather than pressure.

All the factors upon which blood pressure depends vary constantly but are so combined that the general arterial pressure remains fairly constant. The blood pressure may be increased by increased force or frequency of the heart but this action is almost certainly followed by a diminished peripheral resistance. By this means the two altered conditions may balance and the blood pressure remain as it was before the heart began to beat more rapidly or more forcefully. Under pathological conditions this power of compensation may be lost, and hypertension or hypotension follow. This alteration will be transient or permanent depending upon whether the pathological condition is temporary or permanent.

Various instruments have been devised or modified from time to time to measure the amount of arterial blood pressure. In the scientific laboratory an artery of an animal is opened and the blood itself permitted to flow into a vertical glass tube of definite dimension, the pressure being indicated by the height to which the blood is forced; or the blood may be brought into contact with a definite amount of mercury contained in a graduated glass tube, either straight or U-shape, and the pressure determined by the height to which the mercury is forced; or a record is made by an indicator on a revolving smoked drum. Methods of this kind are not practical outside of the experimental or physiological laboratory. Vierordt estimated the blood pressure by placing weights on the radial artery until the pulse was obliterated. Marcy devised a method of placing the hand in a closed vessel containing water. Pressure in this vessel was raised by connecting it by a tubing with a bottle. A second tube was connected with a tambor and a lever for recording the size of the pulse waves.

The earliest practical sphygmomanometers were those of Fötlin and Boulois. Their researches were chiefly confined to the pressure in the peripheral vessels. The Fötlin apparatus is composed of a dial manometer and an india rubber tube which ends in a small ampulla filled with air. The ampulla is applied over the radial artery so as to

obliterate the pulse. The number indicated by the needle expresses the arterial pressure in centimeters of mercury. The Boulioumie apparatus has, in addition, a rubber finger stall with which the end of the finger is compressed till the anemia is complete. The needle indicates the pressure produced by the reappearance of the circulation in the pulp of the finger. These methods have proven unsatisfactory as there is no way of comparing one with the other. With all forms of apparatus the estimation is relative and no standard can be made unless we can make comparisons. All instruments measure the maximum and minimum endovascular pressure but none of them measure the mass movement of the blood. There may be times when the systolic and diastolic pressures are normal and at the same time a marked stasis in the blood stream may exist. This is a very important feature which we must entirely neglect because of the lack of proper instruments.

The sphygmomanometers most commonly used at the present time consist of a pneumatic cuff which is applied to the arm above the elbow, with a tube leading from this cuff to a column of mercury, in one type, and to a dial in the other type. The pneumatic cuff is inflated so that it entirely obliterates the pulse in the forearm. The air is then allowed to escape until the blood is just permitted to pass through the constriction caused by the inflated cuff. At the first appearance of the pulse at the wrist a reading is made which gives the systolic or maximum pressure. More air is then permitted to escape until the movement up and down of the mercury suddenly becomes less or the hand of the dial reaches its greatest excursion and a second reading is made. This gives the diastolic or minimum pressure.

A distinct improvement was made by Korotkoff in 1905 on this method of using the sphygmomanometer by placing the bowl of a stethoscope below the cuff and exactly in the bend of the elbow and by listening for different sounds which appear. These sounds mark off five distinct phases, the first and last representing the systolic and diastolic pressures. The chief advantage of this auscultatory method is that the sense of hearing is substituted for the somewhat more fallible tactile sense. This method gives greater simplicity, ease and rapidity as well as greater precision and causes less disturbance to the patient than the older methods which involve a longer compression with the armist.

Many physicians determine only the systolic or maximum pressure. This determination has some value but does not tell half the story and may even give unwarranted alarming symptoms. No estimation of blood-pressure should be considered complete unless it includes the

mean pressure and pulse pressure as well as both systolic and diastolic pressures. It is only by the complete picture that we are able to determine the cardiac efficiency, the heart load and the pathogenesis of the various kinds of deviations from the normal blood-pressure. Repeated observations should be made and only those pressures which remain constantly above or below the normal should be considered hypertension or hypotension.

The normal blood-pressure for each person varies within certain limits which may, in a general way, be remembered by the rule formulated by Faght: "Consider the normal average systolic pressure of a male person at 20 years of age to be 120 mm. mercury, then add 1 mm. for every two years of life. For females the pressure would be approximately 10 mm. less than for males." According to this rule the systolic pressure in a person aged 20 years would be 120 mm.; at 40 years, 130 mm.; at 60 years, 135 mm. and at 80 years it would be 140 mm. The diastolic pressure is from 25 to 30 mm. mercury less than the systolic.

Blood-pressure varies greatly in different individuals and in the same individual under varying conditions. It is usually higher at night than in the morning, higher in the vertical position than in the sitting and higher in the sitting position than in the horizontal. It is affected by food, emotion, exercise and temperature. Extreme temperatures in bathing cause first a transient rise which is soon followed by a reduction in blood-pressure. Temperature of about 98°F. will be followed by a secondary rise in blood-pressure.

There is no distinct dividing line between a normal and a pathologic pressure. Many regard a pressure of 160 mm. mercury in a man past 50 years of age as being pathologic but no such distinct line can be established. In persons of a very nervous type, who are under the strain of overwork, worry and the like it may run up the point to 160, 170, 180 or even more. Here we have the tension associated with fatigue. These cases respond to the ordinary hygienic measures and do not necessarily mean disease. In arteriosclerosis and in nephritis we have a compensatory rise of blood-pressure which must be maintained. Below this point liver and kidney function would be impaired. With a continued systolic pressure of over 200 mm. mercury, there is always found some form of nephritis. In chronic interstitial nephritis a persistently high (160 to 200 mm.), systolic blood-pressure and a low diastolic pressure may be recognized before the urinary findings are present. Blood-pressure is not materially increased in the pseudohypertensive type of nephritis.

In every rise in blood-pressure we should determine, if possible, how much is due to intestinal tension and eliminate this if possible;

then we should determine whether the remaining rise is cardiac or nephritic. We must also know whether there is any atheroma present. We can then be better able to decide whether the pressure should be lowered and how much is safe. We have on the one hand the danger of hemorrhage, if any atheroma be present and, if the pressure is lowered below the compensatory point, the danger of uræmia or the loss of cardiac compensation.

Conditions other than disease influencing blood-pressure. Blood-pressure may be elevated by many drugs and by mechanical measures. The elevation may be either general or local, transient or lasting. The median *operculi* of a general rise in blood-pressure may be through influence upon the rate or force of the heart by an increase in peripheral resistance through vaso-constriction or by a combination of both methods or by an increase in the volume of the vascular contents due to the introduction of normal saline solution.

Local rise in blood-pressure may be produced by forcing the blood from the peripheral vessels to the central arteries by the pneumatic jacket or by lowering the head and shoulders in shock. The opposite to the above will result in a lowered blood-pressure through the influence of cardiac depression, vascular dilatation, vasodilation, autocondensation current, rest, baths, and the elimination of causes.

*Influence of Disease upon Blood-Pressure.* Many diseased conditions directly or indirectly influence the blood-pressure. Some cause a rise (hypertension), others a fall (hypotension). This effect may be transient or permanent. Under the terms hypertension or hypotension should be considered only the alteration in which the blood-pressure remains constantly above or below the normal blood-pressure.

Hypertension may occur in such conditions as eclampsia, cerebral hemorrhage, lead-poisoning, acute vascular affections, intestinal tension and diabetes. The more lasting or permanent rise in blood-pressure depends upon two factors, Bright's disease and arteriosclerosis. High tension is usually associated with cardio-vascular-renal disease but there may be high tension without signs of either arterial or renal disease. This is met in hard business men and is thought to be due to excessive adrenal secretion. "Increasing blood-pressure is the most constant symptom of gestational tension in the latter half of pregnancy and is an invariable precursor of eclampsia" (Hirst). The first symptom of hypertension is a rise in the arterial and capillary tension. Later the heart beats become violent, the second cardiac sound becomes ringing and the radial pulse hard. A white line made by the nail upon the cutaneous surface disappears in a few seconds.

Hypotension, as in case of hypertension, may be either transient or

lasting. It is present in most infectious diseases, in tuberculosis, in some acute cardio-vascular affections, in myocarditis, chronic pericardial affections, in many forms of poisoning, in emphysema of the lungs, in Addison's disease and in diminished secretion of the posterior lobe of the pituitary. It is a constant symptom in many relaxing disturbances as neurasthenia, chronic visceral disease, persistent vomiting, purging or hemorrhage and in malnutrition. In Addison's disease the pressure may fall as low as 70 or 80 mm. of mercury.

The symptoms of hypotension are usually blended with those of the associated condition. There is usually cyanosis and coldness of the extremities from sluggish peripheral circulation. The pulse is small and usually rapid. The white line made on the skin with the nail remains for a long time. There may be anæsthesia without changes in the fundus of the eye; progressive changes in vision which follow the variations in the arterial tension; hypophoria, transient aphasia, suddenly appearing and disappearing, vertigo, general fatigue, perspiration of the hands and feet, associated with any nervous excitement or emotion. There may also be the associated symptoms of cardiac weakness, edema, passive congestion of the liver and oliguria.

*Relation of Internal Secretions to Arterial Tension.* Both hypertension and hypotension are usually due to peripheral vaso-constriction or vaso-dilatation, which may follow true lesions or spasmodic troubles or may be the result of toxic or mechanical phenomena. A very important rôle is played by the sympathetic nerves. There are many cases, however, where we must seek further for the cause and this will be found in some alteration of function of the glands of internal secretion. Changes have been found in the suprarenal glands which have led many to regard hypertension as a manifestation of hypersecretion of these glands. Cases of hypertension are now fairly well recognized which follow overactivity of the pituitary gland.

The pathogenesis of the hypotension in Addison's disease is proof of the insufficiency of the suprarenal secretion. It is possible that a similar insufficiency of the adrenals exists from other causes. Blood pressure can be artificially raised by the introduction of adrenalin, pituitrin and also from substances extracted from putrid meat showing the possibility of such causes in some cases. Injections of adrenalin in animals have caused glycosuria and also a form of arteriosclerosis probably due to high blood-pressure. There is much evidence to the contrary but it is rather generally accepted that adrenalin secretion has exclusively a pressor-effect on vascular tension.

The persistent rise in blood-pressure, seen in advanced age, seems to be directly due to the adrenals. The thyroid and adrenals show



lessened activity in advanced life and it is thought that the functional degeneration of the thyroid is more rapid than that of the adrenals. It is also recognized that a functional or permanent degeneration of the pituitary will result in hypotension.

High blood-pressure in cases of obesity which show no evidence of cardiac or renal disturbances and which do not respond to dietetic measures seems to be directly attributable to disturbances of internal secretion.

In conclusion, blood-pressure determinations should be a part of every examination. In persons of past middle life these determinations should be made periodically. In this way many cases of hemiplegia or uremia will be averted. Many cases of colicæmia will be recognized early and many cases of beginning cardiac failure will be discovered while there is still a chance of recovery. Its determination will aid in distinguishing between coma due to hemorrhage and that caused by thrombosis, as in the latter the blood-pressure is invariably low. It will often decide whether venesection should be employed. After the discovery of a high blood-pressure we must then seek for the etiology for it is only by understanding the cause that we can institute the proper measures. It should not be forgotten that high blood-pressure is nature's method of retaining compensation and undue lowering of the pressure may invite uremia.

## FLORENCE NIGHTINGALE AND HER NURSES

By ELIZABETH ROBINSON SCOVIL

*Capetown, New Brunswick*

There has been published this year a selection from Miss Nightingale's yearly addresses to the probationers and nurses of the Nightingale School at St. Thomas' Hospital, London. These included are from 1876 to 1898. All that we can learn of the mind of this greatest of nurses is of value to the nursing profession. Some extracts from these addresses are presented in this paper at greater length than would be possible in an ordinary review of the book. Through them all runs that passion for righteousness, right feeling, right thinking, right living, which was the mainspring of Florence Nightingale's life.

She says: "Whether in having a drain cleaned out, or in ventilating a hospital ward, or in urging the principles of healthy construction of buildings, or of temperance and useful occupation, or of sewage and water supply, I always considered myself as obeying a direct command

of God and it was with the earnestness and reverence due to God's laws that I urged them."

She holds up constantly to her nurses the pattern of the Perfect Life and urges them to fashion themselves upon it. "Unless we improve every day in our nursing we are going back: how much more must it be that, unless we improve every day in our conduct as Christian women, followers of Him by Whose name we call ourselves, we shall be going back." "We know no other calling in the world, except it be that of teaching, in which what we can do depends so much upon what we are. To be a good nurse one must be a good woman, or one is truly nothing but a tinkling bell. To be a good woman at all one must be an improving woman, for stagnant waters sooner or later, and stagnant air, as we know ourselves, always grow corrupt and unfit for use."

In many a terse sentence she presses home a truth. "What signifies it to me that this one does me an injury or the other speaks ill of me if I do not deserve it." "I suppose, of course, that those who think themselves better than others are bent upon setting them a better example."

"We cannot suppose God to be pleased with stupidity and carelessness. The free woman in Christ obeys, or rather exceeds all the rules, all the orders given her, with intelligence, with all her heart, and with all her strength and with all her mind."

"This is not to say that we are to be doing other people's work. Quite the reverse. The very essence of all good organization is that everybody should do her (or his) own work in such a way as to help and not to hinder everyone else's work."

"Life, perhaps, is as difficult as death."

"If ever a place may be called the 'House of God' it is a hospital, if it be what it should be. In old times it was called the 'house' or the 'hotel' of God. The greatest and oldest central hospital of Paris, where is the mother house of the principal order of nursing sisters, is to this day called *Hôtel Dieu*, the House of God."

"I will tell you an old woman's experience—that I can never remember a time and that I do not know a work, which so requires to be rooted and grounded in God as ours."

"What a pity that so many actions should be wasted by us nurses in our wards and in our 'houses' when we might always be doing common things uncommonly well."

"What a shame it is to come here as probationers—and then not to make our improvement the chief business of our lives. H, when I was young, there had been such opportunities of training for hospital work, as you have, how eagerly I should have made the most of them."

"Life is short, as preachers often tell us: that is, each stage of it is apt to come to an end before the work which belongs to it is finished."

"Be earnest in work, be earnest also even in such things as taking exercise and proper holidays. There should be something of seriousness in keeping our bodies too up to the mark."

"Do we reflect on the immense responsibility of a nurse towards her helpless sick, who depend upon her almost entirely for quiet and thought and order."

"The service of God, which, with us means good nursing of the sick, good fellowship and high example as relates to our fellow workers."

"Training consists in teaching people to bear responsibilities and laying the responsibilities on them as they are able to bear them."

"Lastly it is a charity to nurse sick bodies well; it is greatest charity to nurse well and patiently sick minds, thence some sufferers. There is a greater charity even than these: to do good to those who are not good to us, to serve with love those who do not even receive our service with good temper."

"The patients might as well be pieces of furniture, and we the housemaids, unless we see how interesting a thing nursing is."

*The Head Nurse.* In some of the addresses are especial words of advice to head nurses, or sisters, as they are called in English hospitals. "Is not the Head Nurse, or Sister, there not that she may do as she likes, but that she should serve all for the common good of all?"

"Be a judge of the work of others of whom you are in charge not a detective."

"The head nurse must have been tested in the refiner's fire, as the prophets would say; have been tried by many tests and have come out of them stainless, in full command of herself and her principles, never losing her temper." "She must be just, not unjust."

"She must have an iron sense of truth and right for herself and others and a golden sense of love and charity for them."

"Ward management is only made possible by kindness and sympathy. The more way in which a thing is said or done to patient or probationer makes all the difference." "Never to have a quarrel with another; never to say things which rankle in another's mind, never when we are uncomfortable ourselves to make others uncomfortable—for quarrels come out of such very small matters, a hasty word, a sharp joke, a harsh order; without regard to these things how can we take charge?"

"The world, whether of a ward or an empire, is governed not by many words but by few."

"We ought to be what we want to seem, or those under us will find out very soon that we only seem what we ought to be."

"She must have a keen though generous insight into the characters of those she has to control. They must know that she cares for them even while she is checking them; or rather that she checks them because she cares for them. A woman thus repressed is often made your friend for life." "The very first element for having control over others is, of course, to have control over oneself. If I cannot take charge of myself, I cannot take charge of others." "A person in charge must be felt more than she is heard—not heard more than she is felt." "A person, more especially a woman, in charge must have a quieter and more impartial mind than those under her in order to influence them by the best part of them and not by the worst."

*Differences in Status of Nurses.* Here and there through the book we catch glimpses of the enormous advance that the profession of nursing has made in the forty-odd years that have passed since it was written. Who, in the present day, would write a paragraph like the following? "I have sometimes heard 'But have we not reason to be conceited, when we compare ourselves to—and—?' (naming drinking, immoral, careless, dishonest nurses). I will not think it possible that such things can be said among us. Taking it even upon the worldly ground, what woman among us, instead of looking to that which is higher, will of her own accord compare herself with that which is lower—with immoral women?" And again, "In the last ten years, thank God, numerous training schools for nurses have grown up, relieved to unite in putting a stop to such things as drunken, immoral and inefficient nursing." "Has it not even been said, (tell it not in Gath) 'and these conceited Nightingale women scarcely know how to read and write?' " "I read lately," she says, "in a well known medical journal, speaking of the 'Nightingale Nurses,' that the day is quite gone by when a novel would give a caricature of a nurse as a Mrs. Gamp—drinking, brutal, ignorant coarse, old woman. The Nightingale Nurse in a novel would be—what do you think?—an active, useful, clever nurse. These are the parts I approved. But what else do you think?—a lively, rather pert, and very conceited young woman. Ah, there's the rub. You should see what our name is up for in the world. That's what I should like to be left out. This is what a friendly critic says of us, and we may be very sure that unfriendly critics say much worse. Do we deserve what they say of us?"

Here is a glimpse of the beginning of teaching. "Our new medical instructor, having vigorously taken us in hand and given us his invaluable teaching (1) in Medical and Surgical Nursing, (2) in the elements

of Anatomy, I need not say: Let us profit. Next, in order to give more time and leisure to less tired bodies, the special Probationers have two afternoons in the week off duty for the course of reading which our able medical instructor has laid down. And the Nurse Probationers have all one morning and one afternoon in the week to improve themselves, in which our kind home sister assists them by classes. It will be a poor tale, indeed, in their after life for nurses who cannot read, write, spell and cipher well and correctly, and read aloud easily and take notes of the temperature of cases and the like."

*Intimate glimpses.* There are a few personal touches in the book, unconscious revelations, which seem to bring the real Florence Nightingale very near to us—almost more so than her letters. After speaking of her desire that her nurses should learn something every day she says: "I have had more experience in all countries and in different ways of hospitals than almost anyone ever had before (there were no opportunities for learning in my youth such as you have had), but if I could recover strength so much as to walk about, I would begin all over again. I would come for a year's training to St. Thomas' Hospital, under your admirable matron (and I venture to say that she would find me the closest in obedience to all our rules), sure that I should learn every day, learn all the more for my past experience. And then I would try to be learning every day to the last hour of my life. 'And when his legs were cut off he fought upon his stumps,'—says the ballad; so when I could no longer learn by nursing others, I would learn by being nursed, by seeing nurses practice upon me. It is all experience." Again "I have been in positions of authority myself and have always tried to remember that to use such advantage inconsiderately is cowardly. To be sharp upon them is worse in me than in them to be sharp upon me. No one can trample upon others and govern them." Once more, "And may I say a thing from my own experience? No training is of any use, unless one can learn to feel and to think out things for oneself and if we have not the true religious feeling and purpose, hospital life, the highest of all things with these, without them becomes a mere routine and burthen." In speaking of discipline she says, "For myself I can say that I have never known what it was, since I can remember anything, not to have 'prickly' discipline, more than anyone knew of, and I hope I have not 'kicked.'"

In a footnote of her handwriting appended to the book, she says, "And don't despise what some of you call housemaid's work. If you thought of the extreme importance, you would not mind doing it. As you know, without thorough housemaid's work, everything in the ward or sickroom becomes permeated with organic matter. The greatest



compliment I ever thought I, as a hospital nurse, received was, that I was put to clean and 'do' the special ward, with the severest medical or surgical case, which I was nursing every day, because I did it thoroughly and without disturbing the patient."

These addresses were written in the silence of her room. She says in one of them, "A sick ward ought to be as quiet as a church, and a church, I need not say, ought to be the quietest place in God's kingdom."

She made here a place of active work and for many years after these were written she continued to use her pen to further the humanitarian causes she had at heart, "not slothful in business, fervent in spirit" she was until the end, yet her nurses were always nearest her heart. She closes the last address in this book with "Once more, my heartiest sympathy, my dearest love to each and to all of you, from your ever faithful old comrade,

FLORENCE NIGHTINGALE."

## THE HOSPITAL VERSUS THE GRADUATE SPECIAL NURSE<sup>1</sup>

By MARY A. MORAN, R.N.

Augusta, Ga.

So much has been written on this subject by the "Special Nurse," that it would seem but fair to remind her that there are two sides to the question. I doubt if there exists a superintendent who would not be more than happy if she could provide ideal quarters and rest rooms for the graduate special nurses and I feel sure she would also like to provide a private dining room and a wardrobe for each nurse not only for the sake of the nurse but for her own peace of mind.

Let us first consider a few of the discomforts of the nurse. One nurse told me that in a hospital where she specialized a room was provided them for rest but that the ants were so numerous that they were even on the beds. In another hospital a room was provided in the basement in which the specials could dress and on rainy days, what with umbrellas and wet clothes, it was well nigh impossible to get into uniform. They had six hours for sleep, which included the time they spent going to and from their rooms.

We all know of the awful indignities imposed upon both graduate and pupil special nurses in being asked to sleep on a cot in the same room with a male patient, often having to dress and undress in the same

<sup>1</sup> Read at the Eighth Annual Convention of the Georgia State Association of Graduate Nurses.

room. Surely the day is past when any well regulated hospital will allow this.

The food served to nurses in some hospitals is so poorly prepared that no woman can exist on it and do good work. This is especially the case with the night nurses. I was visiting in a hospital once and the flies were so numerous in the nurses' dining room that nothing but excessive hunger would cause anyone to eat under such hazardous conditions.

Some nurses complain about lack of relief for hours off duty. There seems to be very little excuse for this.

On another occasion, in a large hospital, a special nurse, whose patient died at 9 a.m., was told that she would be expected to go home at that hour. When she remonstrated with the night superintendent, she was finally allowed to sit alone in a cold reception room in the nurses' home until morning. Can you imagine such barbarous treatment? In that same hospital a graduate nurse, wishing a dose of medicine for her patient, had it measured out to her by a pupil nurse and in another hospital the nurse had to go up three floors, three times daily, for medicine, in spite of the fact that it was reported to the head nurse.

Now to my mind, these are all grievances which no nurse should stand and they would not happen in any well regulated hospital. It seems to me, however, that the proper thing to do in each instance would be to report any of the above complaints to the superintendent of nurses. If she did not correct it, then it should be reported to the superintendent of the hospital. I cannot conceive of any superintendent allowing this state of affairs to go on. Possibly she did not know it, for with her busy life, it might be that this state of affairs had been overlooked. If, however, it had been reported and not corrected, I believe a nurse would be justified in reporting the hospital to the state or chamber association for them to take action, as it is just such errors as these that our associations can correct.

Now, let us glance at the other side of the question. When a nurse comes to a hospital on a special case, her attitude should be exactly the same as if she went to a private home. She would not expect to be roughed over those in authority in a private home, why then should she show so little courtesy to those in authority in the hospital?

In the private home, if she were told that meals were served at a certain hour, if she were relieved, she would certainly go to meals as requested. Why should she do otherwise in a hospital. I have known nurses who never went to meals in time, as they inevitably started to do something for their patients just at meal time that could have been done just as well either sooner or later. Naturally the meals were cold

and the servants in bad humor at being unnecessarily detained. This lack of punctuality, if not controlled, makes no end of trouble in any institution.

Hospitals having training schools are obliged to arrange the hours to permit of regularity in class work. It does not take a very experienced observer long to realize what it means if the specials do not go off duty for their hours at the time specified by the head nurse. She is responsible for the relief only at the hours stipulated and specials should go off duty and return promptly as indicated, otherwise, there is a confusion of orders. On several occasions we have had specials on duty who, having been assigned certain hours, have remarked: "I should like to know what she has to do to with me, I shall go off when I feel like it." One nurse who had an obstetrical case having stitches came to me one day and said: "I am going off now Miss Moran, I did not go at 2 o'clock. It really makes no difference as there is nothing to be done for my patient." Can you imagine how, with a patient having stitches and a baby to care for, any nurse could say positively that nothing would have to be done for two hours?

Some otherwise good nurses come to our institution and just as soon as they do all the necessary things for their patients, they at once collect at the hall tables and hold protracted conversations with other nurses, internes and visiting physicians, to the great annoyance of patients in the nearby rooms, or else they will congregate in diet kitchens and gossip with pupil nurses, talking slightly of the rules of the hospital and those in authority.

Of course, during the day, when a patient has visitors, we all realize that a nurse should not stay in the room with her patient but it does seem as if a nurse would be conscientious enough, when she knows a patient in the hospital pays her \$25.00 a week in order not to be left alone except as necessary, to remember this. We all know of the many dreadful things happening in hospitals because special nurses left patients while they gossiped with internes and nurses.

Now as to the uniform: if a man goes into the United States Army or a nurse goes into the Red Cross Service, they will wear the uniform of the service and have no discussion about it. It is unbelievable, but one-half of the nurses come to the hospital and either wear no caps or else they wear lace trimmed waists, shoes without rubber heels, and, on some occasions, I have had patients ask me if graduate nurses were probationers. When I said, "No, she is a graduate nurse," they would say, "She is dressed like a probationer." I always have respect for a nurse as soon as she drops her uniform and by this I mean entire uniform, as a white dress does not mean uniform.

I always remember the address given by one of the foremost surgeons of the country to my class when I graduated. He said, "Young ladies, always wear your caps. It is your badge of authority. When you leave it off you lose caste." So whenever I enter a hospital and see either superintendent or graduate nurse without a cap and full uniform, I feel at once that there is something lacking in the discipline of that school. It is very unpleasant for a superintendent to have to tell a nurse she cannot take a special case, unless she wears a cap and full uniform with rubber heels on her shoes.

Another complaint made by physicians is that special nurses do too much visiting from one room to another. This should never happen, as it causes much dissatisfaction among physicians.

A hospital, like a private individual, always selects the nurses who give the best service and cause the least confusion. When a superintendent sees that a nurse has no desire to respect her wishes she naturally does not call that nurse any more often than possible. Consequently all nurses should realize that if they wish to do special nursing in hospitals they must respect the rules and instead of criticizing the hospital and superintendent, should help her, for in many instances no nurse in the hospital works as hard or has hours so irregular as the superintendent. If the superintendent of nurses had the building of the hospital, there would be complete provision made for all special nurses, for no one realizes better than she does, how hard it is to work under present day methods and difficulties.

It is usually better to employ graduates of the school when special nurses are desired, as they know the rules and where the various things are kept, but if these are not loyal women it is better to get someone else.

Every superintendent should do all in her power to make the life of the special nurse easier. She should see that the nurse gets good food and sufficient sleep. The special nurse should in turn, respect the wishes of the superintendent or else she should not take a case in the hospital. The special nurses of today may be the superintendents of tomorrow and then they will find out who bore the burden of today.

A great deal of unpleasantness will be obviated if, upon the arrival of a nurse ignorant of the rules governing the special nurses while on duty, the head nurse or superintendent would explain them to her. The nurse should take this as a kindness, for as such it is intended, and not become indignant as a great many nurses do. She should also go for her supplies at the regular time, as nothing is more annoying than to have nurses coming for drugs and sheets and supplies at irregular intervals.

It would be well for all special nurses to remember the time when

they were pupils and how annoyed they were when special nurses, in preparing nourishments or performing other duties, left the diet kitchen and service rooms untidy. Many of us as pupils have felt this keenly. It does seem as if special nurses would remember these days and clean up each time all traces of their work, so that pupils would welcome, instead of bemoan, their advent to the hospital.

Whenever a nurse speaks disrespectfully of her class master or her superior nurses she at once brands herself as disloyal and not to be trusted, for if she were a loyal nurse she should help the superintendent and the school instead of criticizing it to strangers or pupils. A school is never helped by the criticisms of its graduates. If they know the pupils are not getting the proper course and they wish to help the school, they should, in a womanly way, tell the superintendent of nurses and if she does not correct the trouble, report it to the alumnae or state association. This would help the nurses as well as the school.

### BUILDING UP A BABY

By RUTH BREWSTER SHEERMAN, R.N.

*Baltimore, Md.*

Betty was one of "my babies," the fourth child of healthy parents, herself well developed, healthy and normal in every way. She was nursed for two weeks, then fed on modified milk—weight, eight and one-half pounds at birth, at one month, ten and one-half pounds. Her mother died last year and the baby was later cared for by an opinionated elderly nursemaid who took directions from neither family nor doctor. When Betty was twenty-two months old I took charge of her for three weeks while her nurse took a vacation.

This is what I found: a chilly nursery with windows closed; a pale, quiet, unanimated child with insufficient clothing. Her flesh was flabby, hands and feet cold, complexion whitish and anxious, appetite poor. There were blue hollows under the eyes, a greenish tinge around the mouth, listless hair. On her chin was a small bleeding sore of the kind often found on children of low vitality and poorly nourished, on her cheeks were the blue marks left by two previous sores. Evidently Betty, though not sick, was far below a normal condition.

Her outdoor exercise had been riding in her carriage or in a carriage with closed windows. Her diet had been diluted milk, chicken broth, toast and unseasoned cereals with limited drinking water, one course of orange juice daily, and daily medicine for constipation. Though nearly two years old she weighed only twenty-two and one-half



pounds. Directions for a mild iron tonic and an extended diet had been disregarded because "they upset the baby." Every sign of ailment was treated by diminishing the diet and diluting the milk.

Cautiously, but as rapidly as possible, I began a new regime. First the milk was given whole, then its amount increased until she took nine ounces in each of the several bottles. Next was added plenty of sugar on the cereals and abundant butter on the toast: then one new article of food was given daily and later, two, but with care not to overtax her half starved little system, until she was eating freely milk, toast, soft eggs, baked potato, beef tea, bacon, bread and crackers, stewed fruits, baked apple, boiled and baked custard, chocolate blanc mange and all the cereals, the juice of a large orange daily and water freely at all times. She had sugar, maple syrup or rock candy syrup on her cereals and once or twice daily I gave her several squares of sweet milk chocolate, using them as bribes or rewards.

It was both pathetic and gratifying to see the baby eat. She would sit on my lap gripping the bowl or saucer tight in her tiny hands and as the well-sugared oatmeal or the crisp bacon went into her mouth her big eyes would lift and she would say, "Good, good," in tones of eager pleasure, exactly as a little chicken lifts its head after drinking. Soft milk toast, full of butter, or well salted beef-tea with crackers always called forth a rapturous, "Hooray" and an eager attention which soon emptied the bowl. If her appetite ever flagged, the chocolate was held out as a reward but I took care that she should have plenty of it any way for its nourishing and fattening value.

An open fire kept Betty's nursery warm and comfortable and care was taken to have it especially warm when she came in from outdoors, as it was cold, autumn weather. The windows were open all night, always when she was out of the room and often when she was in it.

We put away the fine silk coat, lace bonnet, short, open-work, like lace and thin-soled baby shoes, as insufficient for the weather and her needs. Instead she was provided with soft wool stockings which reached nearly to her hips and were pinned to her warm shirt, stout shoes with thick soles and sensible little rubbers to keep the ground chill from reaching through to her tender feet. She had an unused set of flannel, wooly leggings reaching to the waist, coat coming well over the hips, close-fitting hood and mittens. With these Betty was well protected and ready for healthy out-door exercise. We ignored the baby carriage. For two hours each morning we were in the garden or on the street, Betty on her feet all the time. "A cold day," she would complain and start off on a trot. We played games which kept her running, blood circulating quickly and her cheeks rosy. In the after-

noon we drove in the family carriage with all the windows down, Betty in her woollen clothes. We drove to the park and spent the time on our feet. By this time she was eager for activity. "Walk, Walk," she would say as soon as we reached the gates and as her feet touched the ground, she always announced triumphantly, "A good time!" She made friends with all the animals. Whenever possible, her older sisters came out with us as I felt that one of her needs was companionship with older children, but they were usually in school.

And how she bloomed, growing more flower-like every day. This was her routine, showing the relation of meals and exercise: awake, 7 a.m., bottle (milk comes always and always warm), dressed, orange juice; 9 a.m., breakfast, consisting of cereal, bacon, buttered toast, water; 10 a.m., sweet chocolate; out-doors on her feet until 11.45 then in and entirely undressed, lunch of milk toast, or soft egg or baked potato, mustard or prunes or lime-mango, in crib with warm bottle, asleep soon after 12 and slept two hours daily. When awake she was dressed, given bottle and crackers; 3 to 5 p.m., in the park; on coming in, hot beef tea, buttered toast, water, stewed fruit, more chocolate; downstairs with her family until 6.30, then her beloved tub bath, prayers, crib, a warm bottle, dark room, open window and "Good night, Betty, have you had a happy day?" to which the clear voice answered, "Good night, a happy day." At 7 the door was shut. When she awoke in the night she had water and a cracker and fell asleep easily.

She thrived like a young animal. She had weighed eight and one-half pounds at birth, ten and one-half pounds at one month, twenty-two and one-half pounds at twenty-two months, only twelve pounds gain in twenty-one months, an average of a little over one-half a pound gain monthly for her two years of babyhood. During the three weeks recounted she gained four pounds, the equivalent of eight months of previous growth. Also she gained firm flesh instead of loose, empty tissue, color in cheeks, lips and ears, warm hands and feet, a bright, alert expression, activity and animation, appetite, ambition to do things herself which is a mark of health. The sore on her chin healed slowly as she became less anemic and her vitality improved. Her increased energy, her look of health and well-being were evident to all. Her hair seemed to grow longer and more lustrous.

These results were due to steady attention to three points: first, rational diet with plenty of fats and sugars; second, proper exercise for the weak, undeveloped muscles; third, careful preservation of the body heat. This last point is very important in the care of young children though it is often ignored. We should, at all times, preserve their vital body-heat just as carefully as we preserve the blood in their

veins. Betty had plenty of fresh air but was never chilled. Clothing, bath water, towels, food were all warm; she slept in a flannel gown and on very cold days or nights, I put an old afghan between her crib sheets so that no chill should strike through to her body. In all these ways her vitality was preserved, increased and improved.

After three happy weeks I had to turn my baby back to her former nurse. For two weeks more I had a chance to observe Betty but not to direct or influence her care. The more varied diet was continued but its quantity cut down, also the orange juice and drinking water were decreased. Ventilation was neglected and the baby subjected to more chilling. The result was soon visible. She lost part of her color and animation, the shadows returned to the mouth and eyes, though they were less pronounced, and within a week a sore appeared on her left arm. This healed in a few days and none appeared in the following week. She neither gained or lost weight. Her out-door exercise continued and as her family moved to a country home at this time I feel sure that her exercise and warm clothing at least, were permanently ensured, even if the important question of food is less well managed.

Surely some advance had been made and the baby started on the road to healthier childhood. Who helps establish the health of a baby girl, helps the future mother of other babies. Can a nurse find a better work?

## THE TEACHABLENESS OF THE CONSUMPTIVE PATIENT<sup>1</sup>

By WINIFRED M. ALLEN, R.N., AND ELIZABETH McCONNELL, R.N.  
*New York, N. Y.*

In the first published report of the Gouverneur Clinic, the work of the visiting nurses was described at some length under five headings:

(1) Their work at the dispensary during clinic hours. (2) At the homes of the patients, in the primary and secondary visits. (3) In social service work and the visits of coöperation with the charity organizations. (4) In their coöperation with sanatoria and hospitals and with the Association of Tuberculosis Clinics. (5) In the records, statistics, reports and clerical work of the clinic.

In that first report the emphasis was laid upon the field as a whole. It was a review of the work of the nursing staff and its relation to the growth of the clinic. Studies of the special groups of cases illustrating

<sup>1</sup> Read at the clinic staff meeting of visiting nurses, Gouverneur Hospital Tuberculosis Clinic.

certain phases and problems of the nursing work were contributed. Recommendations were also submitted, chief among them that of the legal control, segregation and detention in suitable hospitals of advanced cases and refractory patients. The plan was also made for some assistance in the constantly increasing amount of purely clinical work of the clinic, reports, records and statistics, which by taking so much time limits the services in other, and more important, parts of the work. We would like again to emphasize these two recommendations which still seem to us of great importance, the former to the community, the latter to the clinic, and both to the nursing staff.

Of the five aspects of our work described in the previous report, we have selected the second, our work in the homes of the patients, for the present analysis. The exact value contributed to the work of the clinic by its visiting nurses is not easily estimated but one index of our activity may be found in the actual results of the home visiting. We therefore propose, in this report, to show how far and in what way our visits have affected the home conditions of our patients and what has or has not been accomplished in teaching the essentials of hygiene and prophylaxis.

The visits of the nurse to the home of the patients are designed to serve three purposes: (1) To ascertain the exact conditions in which the patient is living and to report the same for the assistance of the clinic physicians and as a record for the study of economic factors in each case. (2) To improve defective home conditions in every possible way. (3) To teach hygiene and prophylaxis to the patient and his family and thus diminish the danger of secondary infections while materially increasing the chances of improvement to the patient by modifying both his habits and environment.

Many of our other activities are incident to these home visits, our social service work, for example, and cooperation with the charitable organizations but the recognition and reporting of home conditions as found at the primary visit and even the attempt to modify the environment with the assistance of cooperative agencies, is less important, we believe, to the clinic and to the community than our efforts to educate the patient himself.

Another reason for our selection of this phase of the work, the educational, as the subject of report is the variety of opinion expressed by different observers upon the teachability of the consumptive patient. Some years ago a most discouraging report was published in the *Johns Hopkins Bulletin* by the Tuberculosis Nurses of Baltimore. From a review of their own results in the training of dispensary patients they concluded that a considerable majority of the tuberculous cases

can by them could not be taught either hygiene or prophylaxis and that the practical outcome of home visiting supervision was not encouraging. It was admitted that the report in question dealt largely with a very unpromising class of patients, since it included a large proportion of colored people of little intelligence and low education. In making a somewhat similar study in our clinic, it seems fair to state that the overwhelming majority of our adult patients are foreign born, many of them of limited intelligence and no education. The children of these patients represent a distinctly higher type of intelligence, most of them speak English readily and they are being educated in our schools. They are, therefore, much more teachable than their parents but our report deals exclusively with the adult patients.

We have selected a definite group of patients for our present study, namely all those attending the clinic during the year 1912 who have been under clinic care or nursing supervision for six months or more. Patients seen at clinic or visited in their homes less than six months are excluded from the report since our experience leads us to believe that no practical results of our teaching are demonstrable, with our class of patients, in less than this time.

Of the cases so selected there were 242. Of these there were 229 of foreign birth (219 Hebrews, 3 Poles, 5 Italians and 2 Irish) the majority of whom speak little or no English. The remainder (14) were American born but many of foreign parentage. This second group were English speaking. We have made no distinction in sex, since it seemed to us to have no bearing upon the point in question nor have we made any study of the age of these patients, since they are all adult. Finally they are all positive (tuberculous) cases, capable, if untaught or unteachable, of spreading the disease.

In preparing the review of the effect upon these patients of our six months or more of home supervision and reiterated personal teaching, we have selected the following points of instruction which seem to us fundamental and essential: (1) care of sputum, (2) separate beds, (3) precautions in coughing and sneezing, (4) protection in not kissing children, (5) separate dishes, (6) ventilation, (7) cleanliness.

It is upon the observance or non-observance of these seven points that we base our conclusions. Where a patient has learned to observe most or all of these lessons, we have classified him as well trained. Where we know by repeated observation that his observance of them is casual, occasional or altogether lacking, we have considered our educational work with that patient a failure and we have endeavored to classify the cause of this failure in accordance with our combined and intimate knowledge of each patient in question.



We were confronted, at the outset, with the marked variations in intelligence of the patients under consideration and since this fact alone is so vital to any discussion of their teachableness, we have arbitrarily grouped the cases under three headings: (A) intelligent, (B) fairly intelligent, (C) stupid. (It may be remarked, parenthetically, that a more accurate grouping would be (A) fairly intelligent, (B) stupid, (C) impossibly stupid or defective.) It can hardly be expected that our educational work, however patient or protracted, will be brilliantly successful in this last group or perhaps even in the second. With such patients, our only hope of teaching anything of hygiene or sanitation is through the children. They often succeed with their stupid children where we fail entirely.

Classifying our patients by nativity we find that of our Jewish patients 161 were teachable, 88 not teachable. Four of the five Italians showed the effect of training and one of the two Irish patients; so also did 13 of the 14 American-born patients, but one of this last group, one Italian and one Irish patient, all three Poles were absolutely intractable. The racial factor does not seem to be of great importance except with the Poles and Irish.

Grouped according to intelligence, or lack of it, we found among our 243 cases: (a) 44 (18.1 per cent) who were intelligent (or fairly intelligent), (b) 169 (69.5 per cent) who were fairly intelligent (or relatively stupid), (c) 30 (12.4 per cent) who were intensely stupid or actually defective. Now of group (a) 43 (97.7 per cent) were teachable; and only 1 (2.3 per cent) unteachable. Of group (b) 131 (71.6 per cent) were teachable; and only 48 (28.4 per cent) unteachable. Of group (c) 8 (26.6 per cent) were teachable; and 22 (73.4 per cent) unteachable. There were, therefore, 173 (70.7 per cent) teachable and 71 (29.3 per cent) unteachable in our series of 243 cases. It is apparent that the percentage of teachableness varies in proportion to the degree of intelligence and this is as logical as it is evident.

Now, finally, in Group B and C, we have endeavored to classify the causes of failure, other than mentality, in training the patients. This classification is based partly upon the patients' own statements and partly upon our opinions. The reasons assigned in Group B are as follows: refused to believe they are tuberculous, 16; refused to stop work, 19; home conditions hopeless, 8; ugly, 4; apparently intelligent, but unbalanced, 3; housework and children prevent observance of instructions, 2; husband will not allow observance of instructions 1; absolutely dirty, 1; selfish, 1; too poor to be able to observe all precautions, 1; immoral, 1; chronic beggar, 1; total, 42.

The reasons assigned in Group C are not very dissimilar: too stupid

to learn anything, 10; defective, 3; stupid and contrary, 2; refuse to believe in sickness, 2; drink, 2; drink and nationality, 1; selfish and lazy, 1; housework and children prevent, 1; total, 22.

It will be seen that low mentality, if not actual defectiveness, refusal to believe in the existence or the communicable nature of the disease, drink, extreme poverty or impossible home conditions, utter selfishness or indifference, and the interference of other members of the family largely figure as causes of our failure to teach these patients in both the relatively and the very stupid groups. It will be noted that not one case was intractable, in our opinion, because of religious prejudice or difficulty experienced with the language.

Two instances illustrative, one of the effect of training upon an intelligent patient and the other of failure to train intractable patients, may be of interest: Case 1026 (J. G.), An English-speaking Italian, moderately advanced, who had spent all his savings on private physicians and board in the country, with no improvement. One night, discouraged and sleepless from coughing, he was about to commit suicide with a revolver. His wife begged him to wait until morning and go to this clinic of which she had heard. He consented to try once more. He was three years under treatment, following faithfully all instructions and is now a "cured case" working as foreman in the Water Supply Department. Case 1721 (W. G.), a fairly intelligent Russian Jew moderately advanced, with positive sputum, more than two years under our care. He was on the Day and Night Camp, the United Hebrew Charities paying the rent; the family consisting of but his wife, no children. At the end of that time, they refused to pay any longer and suggested that the wife go to live with her people, who had a comfortable home. He then left the Camp, the clinic, and went to peddling, spitting everywhere, giving as the reason that as the community would no longer help him he would do all in his power to injure it. A similar example of stupidity plus selfishness is illustrated in the man who declared he would be careful in his own home or in his part of the town but would deliberately walk up and down Fifth Avenue and spit whenever he could in the hope of infecting some of the rich people.

In conclusion, we feel justified in declaring that despite differences in race, religion and language, an overwhelming majority of our more intelligent patients are teachable in the essentials of personal hygiene and of prophylaxis and that most of these under our training six months or more, of all grades of intelligence, both learn and practice what we have undertaken to teach them. Even among the unintelligent our work has not been wholly ineffectual, since 71.6 per cent of Group B and 26.6 per cent of Group C have shown the effect of training. Our

conclusion is, therefore, that no class can be looked upon as wholly unteachable and that time and persistence yield a surprising percentage of good results even with the least promising cases.

### WANTED, THE MILK OF HUMAN KINDNESS

By GRACE V. BRADLEY

Colum, S. D.

Two police ambulances stopped at the door of a city hospital. From one ambulance two policemen drew a stretcher upon which lay an injured man, one of their number, still dressed in his uniform. He was taken to a private room, one of the best, placed upon the bed and left to the nurse. From the other ambulance the policeman took an injured man who was not one of their number. They bore him gently, more as if by habit than intent, for there was no expression of pity upon their faces. Two more policemen followed them. They took him to one of the smaller wards, transferred him to a bed and when they carried out the empty stretcher, the other two officers remained. This patient had shot and killed a man and wounded the policeman who had been brought in.

The policeman patient made a good recovery, receiving flowers and fruit from many friends. The other patient had spent most of his life in state prisons and his hardened face wore an I-don't-care expression. He was big, strong and clever in his way and made one wonder why he did not prefer to make an honest living. To the nurse he was a patient, a human being in pain, and they ministered gently to his wants. A warm sponge bath, a refreshing alcohol rub, the placing of pillows under the injured limb or back, were all received by this criminal with a gratitude that was pitiful, like the pleading of a dog that has been beaten.

Detectives came from other cities bringing photographs of men for whom they had warrants of arrest, eager for the large reward. They compared these pictures with the patient. They photographed him and measured him according to the Bertillon system. After these ordeals he turned to the nurse and hesitatingly asked for a drink of water or a little crushed ice. When the nurse re-adjusted his pillows he murmured, "Thank you, I never had no one to be kind to me before." "Perhaps if you had, you would not have been here," she said and he replied, "Perhaps."

All the while he was guarded by two policemen, night and day, but he could not possibly have escaped. The surgeon was a quiet, gen-

the man whose careful handling of the patient received the same pitiful brow-beaten look of thanks. "Oh you are so good to me," he often said. One day he asked for a priest and he seemed to find comfort in the visits of this new friend.

He did not recover, he did not live to be led to the electric chair, but during the last days of his life and suffering the hardened expression disappeared and when he went to face his Maker he was far more ready than he would have been had he been shot dead, for the contact with the kindly Christian surgeon and the gentle nurses had touched him deeply. During these days in bed and through the long night hours he was not plotting against the laws of God and man but was meditating and regretting, wondering how he had missed so much of the kindness of the world.

## AN EXPERIMENT IN FUSION

### A PLAN TO CORRELATE NURSING AND SOCIOLOGICAL EDUCATION

By E. INCLEDON JOHNS

*New York City*

Of the many avenues of endeavor outside of nursing proper into which nurses have made their way, none has succeeded in interest and importance that of social service. It was a foregone conclusion that nurses would engage in this work. The opportunity sought the woman, importuned her indeed, for she came to it equipped with the very qualities and training which made her an invaluable ally.

The social service worker of today can be by no means the vaguely good-intentioned sentimentalist of a less exacting age. She must show cause for the faith that is in her, be something of a sanitarian and economist, more of a teacher, have a lively sympathy with under dogs in general, and since illness is a more or less constant factor in most cases of economic distress, she must know something at first hand of disease and of modern methods of combating it.

It will be seen that the newly graduated nurse by no means measures up to this standard and is not necessarily equipped to assume the responsibilities which devolve upon her as a social service worker. In addition to her hospital training, she is in need of thorough grounding in sociological principles and in the many and varied phases of organized philanthropy. On the other hand it may be urged with some show of reason that her hospital training has given her mental, moral and physical preparation for medical social service, which far outweighs

in practical value that of the worker who has never handled sick people in her own proper person. Ambrose Paré once said succinctly, "I learned to treat gunshot wounds, not out of books," meaning thereby, not that he undervalued academic instruction, but that mere book learning availed little, unless modified in the crucible of experience.

The difficulty in the past has been to obtain the proper blend of academic and clinical instruction for women desiring to prepare themselves adequately for this work. Up till the present, it has been necessary to complete a three years' nursing course, with the addition of a course in one of the social service schools of varying duration, but usually of about two years. Five years added to the necessary high school and collegiate courses is more time than women of average means can afford to devote to preparation for their life work. Instructors in schools for social service have, naturally, been anxious to obtain actual clinical experience for their students and have realized that the wards of large hospitals offered a vantage ground for such study. But until the present there has been no definite attempt made by the training schools for nurses to offer facilities in this direction. With a view to overcoming this difficulty, it was suggested by Miss Noyes, Superintendent of Training Schools in Bellevue and Allied Hospitals, in conference with the authorities of the New York School of Philanthropy, that a combined course be devised which would embrace in one curriculum the various branches of study and clinical experience necessary for a complete preparation for medical social service.

The main features of this plan are briefly, as follows: the option of one of two courses is offered the student, one of three years leading to the diploma of both schools, and a shorter course of two years, which will not entitle the student to the full diploma of either school, but which will prepare her specifically for certain phases of social service where familiarity with nursing procedures is indispensable.

The first mentioned or longer course includes two years' actual service in the wards of Bellevue Hospital, its students taking the full nursing curriculum, re-arranged somewhat to meet their special needs. This service, augmented by an additional year's work at the School of Philanthropy, will be accepted by Bellevue Hospital as the equivalent of the full nursing course of two years and nine months, and students completing it will be eligible for registration by the State Board of Regents. The School of Philanthropy, on its part, waives one year of its usual two-year course, and considering the two years spent at Bellevue as the equivalent, grants its full diploma.

The shorter course necessitates one year's actual work at Bellevue, including the probationer's preliminary course and a specially arranged



plan of study embracing first and second year subjects. The second year is spent at the School of Philanthropy.

Provision has also been made by the School of Philanthropy for graduate nurses desiring to qualify as fully-trained social workers. Women of education who have completed training in a recognised hospital, and who are otherwise properly qualified, will be permitted to take a one year's course leading to a certificate or a two years' course leading to a full diploma. Under certain conditions it might be possible for students to arrange to take their second year work while holding salaried social service positions, at the same time pursuing their theoretical study at an hour not conflicting with their work. It must, however, be duly emphasised that only those women who possess the high standard of preliminary education required by the School of Philanthropy, will be eligible for either of these courses.

In reviewing the outstanding features of this plan which makes provision for a system of professional education not attempted heretofore, it would seem that the three years' combined course is specially attractive. Students choosing it may equip themselves at one and the same time for two separate and distinct careers, meanwhile enjoying the double privilege of institutional and academic experience and at the close of their three years' course may make two diplomas grow where but one grew before.

Bellevue Hospital lends itself particularly well to the working out of this comprehensive plan. The necessary plant and clinical material are ready to hand, proper classroom and laboratory facilities already exist, and students during their period of service in Bellevue will share the pleasant life of the Residence and will be subject to the same general authority as the other pupil nurses. They will be kept in touch with the sociological aspect of their work by means of lectures arranged by the School of Philanthropy and will have the invaluable opportunity of observing at first hand the methods in vogue in that wonderful human laboratory, the Bellevue Social Service Department, under the direct supervision of Miss Wadley.

The whole plan seems so simple and effective, at the first glance, that one wonders no one ever thought of it before. It is not, however, so simple as it appears on the surface, but signifies a new departure in nursing education, which bids fair to be far reaching in its effects. Certain disadvantages may be urged against it, notably, that there is no provision made to prevent graduates of the shorter course, although ineligible for registration, from styling themselves nurses and practicing as such. The gradual stiffening of the Nurse Practice Act will, doubtless, tend to remedy this defect and, furthermore, women of the high

grade of preliminary education imposed by the School of Philanthropy, would be extremely unlikely to have any object in pursuing any such dubious course. This danger, even if it exists, does not seem so much to be feared as the threatened influx of social workers, without adequate clinical instruction in the many-sided manifestations of disease or proper experience in modern nursing methods, into a field where such knowledge is absolutely indispensable.

It does not seem to the unprejudiced observer that it is possible to completely dissociate problems of poverty from problems of disease. Whether dependence causes disease or disease dependency is a question to be argued by casuists. That they co-exist and are inextricable in the present state of the social body, is sufficient for the present purpose, which is to show that trained women in the fullest sense of the word are needed in the task of amelioration.

It has already been emphasized that an ordinary training school course, without proper sociological instruction, is not sufficient preparation for medical social service work, and most emphatically must it be asserted that some practical clinical knowledge of disease and of modern methods of nursing is an essential element in the education of a social service worker. A mere course of lectures, however illuminating, is not sufficient preparation for a woman who must, in the course of her day's work, meet and solve problems of a purely nursing character and to allow the social worker to ignore these problems is to seriously impair and limit her usefulness, on the other hand, to encourage her to attempt their solution without adequate professional training is to court disaster and put a premium on quackery. No lecturer, charm he never so wisely, can hope to communicate by word of mouth alone that knowledge which comes only by constant contact with illness. The recognition of symptoms and the swift and accurate correlation of them, the appropriate action in emergency, come not by casual theorizing nor by instinct, but by actual clinical experience iterated and re-iterated until hand, eye, and brain recognize and respond to the clinical picture presented. Neither in the disciplinary aspect of hospital training to be overlooked, that judicious pruning of the young emotions without unduly blunting the sympathies, that inculcation of "God's own common sense, which is more than knowledge," these alone foster the growth of the old fashioned virtues of self control and resourcefulness, without which the social worker is but a broken reed. Nothing can compensate for the disciplined routine of the wards and that resultant strengthening of the general morale of the individual which comes only from the habitual performance of difficult and often irksome tasks, the richest gift hospital training gives its students.

That the authorities of a training school of recognized standing have had the courage and initiative to make this difficult experiment is a matter of congratulation, not only to the students of medical social service, but also to the training school itself, which cannot fail to be the richer for the presence within it of a group of women so desirable in every respect. As marking the further development of a broader educational ideal of nursing as distinguished from the narrower military concepts of former years, the present experiment is highly interesting and it seems to be entirely in keeping with the honorable traditions of Bellevue that this historic training school should be the chosen field of such an endeavor.

#### SECTIONAL CONFERENCES ON TUBERCULOSIS

Four Sectional Conferences on tuberculosis will be held in various parts of the country during the months of October and November under the direction of The National Association for the Study and Prevention of Tuberculosis, according to an announcement from the headquarters of that organization. They will be held in St. Louis, Mo., on October 6, 7, and 8; in Philadelphia, Pa., on October 16; in Binger, Mo., on October 22; and in Atlanta, Ga., during the last week in November. Prominent anti-tuberculosis workers from all parts of the country will address the various conferences. Among the principal subjects to be discussed at all the conferences are The Red Cross Seal campaign; the advantages of local hospitals for the care of consumptives; the home treatment of the tuberculous; and legislative problems.

## THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service*

### EUROPEAN SERVICE

Before the echoes of our work in preparing nurses for Mexico had died away, came the war in Europe. At a meeting of the War Relief Board on August 5, it was decided to offer a unit of twelve nurses and three physicians to each of the European nations now at war. At once the local committees in New York, Boston, Brooklyn, Philadelphia, Baltimore, New Jersey, Rochester, Buffalo and Albany were asked to call for volunteers for this service. As the expedition was to sail from New York these places were selected in order to avoid the cost of transportation from the points farther distant, and have nurses available in the event of their being called at an early date. Later when it was found necessary to send a larger number, calls were sent to Chicago, Cincinnati, Cleveland, Connecticut and Washington, D. C. The Manhattan Committee was asked to select two units, or 24 nurses; Brooklyn, Boston, Philadelphia, Baltimore, Chicago, Cleveland, Cincinnati, Connecticut, each one unit of twelve nurses; New Jersey, Rochester, Albany, Buffalo, each five nurses, to be combined into one unit, and with those from Washington, D. C., leave some available for an emergency.

The response was prompt and the committees have cooperated splendidly in order to carry out the details planned at headquarters. Letters from nurses scattered through the country have come to headquarters asking to join the relief corps, and from various committees saying they were ready to call for volunteers. It was necessary to have a physical examination and vaccination for smallpox and typhoid. Owing to the fact that the service would undoubtedly be a hard one, the physical examination eliminated many who would be eligible for Red Cross duty at another time, as it did not seem fair to advise any nurse to go when there was the least possibility of her being ill. It was also necessary to eliminate many because it seemed wise to select only native-born American citizens, as passports had to be provided for them. Even with all these reasons for rejecting many fine women, there are still a number of these chosen who speak various European languages, and many who have given up good positions to join this

expedition. The New York Department of Health and some institutions decided that any of their force desiring to go could be reinstated on their return if they so desire.

As it was impossible to say how long this corps would be needed, a circular letter was sent to each nurse saying she might, if transportation could be secured, return at any time, but if she returned before the expiration of six months the return journey would be at her own expense.

As there was sure to be a good deal of expense attached to the preparations for an extended absence like this, the Red Cross is providing a large part of the equipment necessary. The canvas bag provided for each nurse was furnished with three bags made of an artistic cretonne, one for shoes, one for laundry, and a work bag, containing scissors, needles, cotton, buttons, and a piece of the uniform material.

Nurses were mobilized in New York with headquarters at the Central Club for Nurses, 54 East 34th Street, and uniforms and equipment were distributed from the headquarters of the New York Chapter, 130 East 23d Street.

It is quite possible that more nurses will be needed later, and this will afford an opportunity for many of those volunteers from other points than the places called upon for this contingent.

The expedition sailed on September 12 on the *Red Cross*, formerly a boat of the Hamburg American Line and will carry two units for England, two for France, one for Belgium, two for Russia, two for Germany, one for Austria.

On September 8 an additional unit for Serbia, with Mary E. Gladwin as supervisor, sailed for some point in Greece.

#### EQUIPMENT

##### *Instructions for Nurses Selected for Service in Europe*

Carry, if possible, a sufficient supply of clothing for a month or six weeks in light-weight suit case or telescope bag. A canvas bag will be supplied to each nurse by the Red Cross in which additional clothing may be taken. To avoid loss these bags will be plainly marked "American Red Cross" and no other luggage except such as can be carried by the nurse will be allowed. These bags will be distributed by local committees.

The Red Cross badge should be worn and appointment card, together with white immunity certificate, carried in purse or other safe place.



All articles and clothing, including shoes and traveling bag are to be plainly marked with owner's full name.

The following articles will be furnished in New York City by the Red Cross free of charge to nurses assigned to European service: six gray chambray uniforms, twelve white aprons, six collars, four caps, brassard, uniform cape, uniform hat, wool sweater, work, shoe and laundry bags, steamer rug.

The above equipment is to remain the property of the Red Cross, and is to be returned on completion of service.

#### *Equipment to be Supplied by Nurses*

Plain traveling suit with two or three shirtwaists; rubbers, raincoat and umbrella; black high shoes, or four-eyelet ties should be worn, with low heels and broad soles; warm underwear, not more than four suits; three colored cotton petticoats; four corset covers, preferably cotton crepe; three or four nightgowns, preferably cutting-flannel; warm dressing gown and bedroom slippers; one small bath towel and two hand towels; extra pair of corsets; extra pair of shoes; roll of absorbent gauze and roll of absorbent cotton from which sanitary napkins may be made; box of foot powder; cake of Dr. Johnson's foot soap; box of small round corn plasters or a small roll of adhesive plaster from which corn plaster may be cut; cold cream; simple cathartic, such as cascara; individual drinking cup; hypodermic set; two thermometers (clinical); bandage scissors.

If glasses are worn, an additional pair should be taken.

If necessary, see a dentist before leaving home.

As a matter of protection nurses will be expected to wear their uniform on shipboard, and so far as can be determined at all other times while serving under the Red Cross in Europe. It will, therefore, be unnecessary for them to take any gowns except those indicated in the above instructions.

#### LIST OF NURSES ASSIGNED TO EUROPEAN SERVICE

General Superintendent of Nurses, Helen Scott Hay; Supervising Nurses: Anna Rottinger and Lucy Minnegarda, Manhattan; Frances H. Mayer, Brooklyn; Margaret Lehmann, Philadelphia; Donna G. Burger, Boston; Alice C. Benton, Cleveland; Alice E. Henderson, Baltimore; Charlotte Dungan, Chicago; J. Beatrice Bowman, U.S. Navy Nurse Corps; Elizabeth Deely, Cincinnati.

Manhattan (New York City): Mary F. Parley, Frieda L. Hartman, Blanche Horner, Helen Linderman, Helen G. Northwood, Sophia V. Kiel,

Rachel C. Turrence, Emogene E. Miles, Maud H. Metcalf, R. Lee Cromwell, Henrietta K. Koechlein, Mary M. A. Weiss, Carolyn W. Bell, Bertha H. Becht, Mary A. Brownell, Dorothea Mann, Claudia M. O'Neill, Lay M. McEnany.

Brooklyn, N. Y.: Lillian L. Halliday, Alice B. W. Weston, Sarah A. McCarron, Esther Rosenberg, Louise E. Siegal, Margaret G. Egan, Margaret A. Pepper, Florence Farmer.

Chicago, Ill.: Eva L. Doniat, Alice Gilborne, Alma E. Foerster, Martha M. Moritz, Anne Hansen, Edwina Klee, Gertrude G. Hard, Julia S. Schneider, Mary F. Bowman, Mary E. Hill, Charlotte Eaton, Lydia W. Anderson, Genevieve Dyer.

Boston, Mass.: Margaret A. G. Hickey, Mabelle S. Welsh, Louise A. Bennett, Mary T. McCarthy, Anna Agnes Carney, Kathryn J. Ulmer, Ellen T. Riley, Anna S. Barclay, Grace K. Perkins, Frances B. Letimer.

Baltimore, Md.: Mary M. Boyle, Margaret W. McGary, Florence M. Waters, Grace D. Barclay, Rebecca Watson, Sydney A. Lewis, Elizabeth W. Riffel, Helen Covey, Sarah W. Cusley, Sara V. Case, Martha Hartman.

Philadelphia, Pa.: Mary Graham, Anna E. Goertz, Faye L. Fulton, Florence M. Snyder, Anna C. Lofving, Leslie Wentzel, Agnes E. Jacobs, Mary A. Mulcahy, Mary C. McNella, Martha L. Henderson, Emma B. Leese.

Cleveland, Ohio: Ava P. Mautner, Charibel Schofield, Katherine Volk, Mollie McKenney, Margaret McGuire, Minnie Bowman, Rosina Volk, Clara P. Reynolds, Nettie Eisenhard, Grace Bentley, Katrina E. Horton.

New Jersey: S. Louise Stone, Hattie B. Moore, Grace Wilday, Linda K. Meira, Margaret B. Purvis, Ellen Jane Thomas.

Buffalo, N. Y.: Virginia A. Rau, Edna Reese, Elizabeth I. Welch, Margaret A. Stryker, Margaret Hennessey.

Rochester, N. Y.: Elizabeth Weber, Adeline Thomas, Eleanor M. Scott, Jessie T. Parsons, Minnie Mason.

Washington, D. C.: Roba J. Taylor, Clarice Behrman, Harriet P. Hopkins, Helma A. Fitz.

Cincinnati, Ohio: Mary E. Minshall, Ella Weismann, Lela B. Martin, Cynthia Richardson, Anna Sitter, Margaret J. Leonard, Ella Kathleen Hoff, Anna Demershausen, Bertha M. Butterfield, Margaret Bodkin.

Connecticut: Lucie E. Bartram, Nellie M. Strong, Emma Evans.

## NURSES ASSIGNED TO DUTY IN SERVICIA

Mary E. Gladwin, supervisor; Mary F. Keller, Eunice Everard, Helen F. Kerrigan, Helen L. Smith, Anna Hirsbrunner, Agnes J. Gardner, Augusta M. Condit, Nell F. Steel, Ida F. Lusk, Stella M. Hall, Lucy E. Bartram.

## THE SALEM FIRE

On June 25 came the Salem fire, and on June 26, when the city was put under martial law, the Boston Red Cross committee was requested to take charge of the nursing work. Five "posts" had been established with medical officers in charge and the committee assigned nurses to each of these posts. The largest of these was Forest River Park Camp, where two thousand five hundred people were sheltered in tents for the first of the six weeks that this post was maintained. This number was gradually reduced by housing being found in adjoining cities, until during the last two weeks but three or four hundred remained in the camp.

Bertram Field, a baseball field, sheltered in tents for the first week one thousand eight hundred to two thousand people. A maternity hospital was established in the Unitarian Church on Essex Street, and a Milk and Baby Hygiene station as well as a Contagious Hospital. Nurses were kept at all these stations until conditions gradually approached normal, when one post after another was closed.

At the largest post, Forest River Park Camp, where there were one hundred and twenty-five bottle-fed babies and five hundred children, not one case of intestinal disease was reported.

At the maternity hospital station, several births occurred, some operative cases, and some ophthalmia which had to be isolated and "specialized."

Nurses were on duty from June 26 to August 12, by which time the posts had been reduced to one, Forest River Park Camp, and the nursing therefore was left in the hands of five nurses, two Red Cross and three volunteers, all residents of Salem.

It seems little understood that this Salem fire disaster has given an opportunity for a great demonstration of preventive medicine. It was necessary to have this opportunity to demonstrate the fact that so many thousands of homeless persons, more than five hundred of whom were infants and children, could be sheltered in tents, at first without adequate sewerage or sanitary conveniences, with all that goes to make for sickness and yet not one case of illness occurred as the result of the fire, and this largely because of the prompt and efficient

work of the Red Cross Nurse Corps. "The preventive measures adopted by the nursing service and the eternal vigilance pursued is the price of the freedom from illness, and the consequent expense and devastation."

The nurses who were on duty at Salem were: Dr. Laura A. C. Hughes, supervisor; Jennie R. Dix, in charge at headquarters; Margaret Fallon, Bridget Regan, Alice Savage, Mabel S. Welsh, chief nurses; Sarah Beatty, Mary Buckley, Laura F. Carney, Alice Cardall, Ellen C. Daly, Elizabeth C. Fairbanks, Katherine Fitzgerald, Edna Harrison, Edith Leonard, Maida McDonald, Julia May Leach, Florence MacDonald, Marion Managua, Ursula C. Noyes, Agnes Nolan, Minerva Peckham, Josephine Sheppard, Katherine Walsh.

#### THE G. A. R. ENCAMPMENT

In the last week of August the G. A. R. Encampment was held in Detroit, when arrangements were made by the local committee to provide nurses for twenty-eight Red Cross relief stations during the entire week. One hundred nurses were on duty, twenty-five of these being Red Cross nurses, the others volunteers from the city and vicinity. As there were between thirty and forty thousand visitors and veterans, these relief stations were of great assistance in rendering prompt and temporary aid.

## NURSING IN MISSION STATIONS

### THE NURSES' ASSOCIATION OF CHINA

By ALICE CLARK

Shanghai, China

The Fifth Annual Conference of the Nurses' Association of China was opened in Shanghai, on Tuesday, June 28, with the president, Nina D. Gage, of Changsha, in the chair. The outside temperature was hot but was as nothing compared to the warmth of enthusiasm and comradeship manifest amongst the delegates in the conference room. Nurses came from eight provinces and twenty-two different hospitals, both Government and Mission, were represented but chiefly by American and British nurses, only one Chinese nurse being present. The language used was English but ere long it is confidently expected that Chinese nurses will be able to be present at these annual conferences in large numbers, when the language used may be their own tongue.

The conference was opened by a short devotional service, conducted by Dean Walker of the Shanghai English Cathedral. In a very helpful address he brought the members of the nursing profession never to sever the vital connection between professional ability and religious devotion. All nurses and doctors, whether professed Christians or not, were doing God's work, consciously or unconsciously, because "gifts of healing" came from Him. If they were Christians their work was the higher, because they could minister to the soul as well as the body. "Never say, 'Man has a soul,' say, 'Man is a soul and has a body.'"

The remainder of the session was given up to hearing papers on social service work and kindred subjects. A paper was read by Mrs. Matheson, secretary of the Women's Home, on Rescue Work Among the Foreign Women in Shanghai. This was followed by a talk from Miss Henderson who is in charge of the Children's Refuge in the same port. She told a touching tale of the plight of small slave girls, ill-treated little daughters-in-law and numbers of children rescued from houses of ill-fame in Shanghai and other places. So often when they arrive at the Refuge, their condition is pitiful, underfed and poorly clad, suffering from wounds and bruises and broken limbs, the results of cruelty. Most of them are mentally numbed and dull at first even to appreciating kindness. With infinite patience and much love they are gradually taught, not only ordinary school subjects but also house-



hold duties and laundry work, mat and shoe making, etc. Only one servant is kept in the Institution, the girls doing all the work. Just now the Refuge is full to overflowing, there is not "breathing space" for another child! The work depends on voluntary contributions for its support.

Miss Gordon, of the American Church Mission Hospital, Shanghai, then gave a paper on the Social Service work done by nurses in America, and told of the tremendous advance of hospital extension work during the last four years. The fields of work are endless and the variety of people helped multitudinous. About 1400 cities in the States now have nursing social service in force.

On the morning of July 1 reports from the officers of the Association were presented. The work of the past year has been the completion of organization and the uniting of members more closely than has been possible before. The hon president and the energetic secretary have "Gone on going on" and the Association is steadily increasing in membership, force and usefulness. The past year has seen the printing and circulating of the "Uniform Curriculum and Regulations for Examinations" for candidates for the Association diplomas in general nursing and in midwifery. This union scheme is but paving the way for a national examination and diploma, which, it is expected, may emanate from the Government before many years are past.

These papers were given and discussion took place on Home Leave; How Best to Utilise it in England, in America and in Europe, when helpful suggestions were made by members who had already been on furlough and had taken advantage of the post-graduate courses and other facilities for getting up to date. These papers were read by Mrs. Bursip (England), Miss Ogden (America) and Miss Hockade (Germany).

Miss Tomlinson, late superintendent of the nurses at Harlem Hospital New York, gave a talk on Difficulties in Modern Training Schools at Home, in which she dealt mainly with the problem of lack of suitable candidates and gave some probable reasons for the shortage and some possible aids to the solution of the problem.

Miss Simpson, of the Methodist Episcopal Mission Hospital, Foo-chow, gave a paper on the training of Chinese pupil nurses. She contrasted the old days and the present day training methods in the home lands and pointed out that we must let our pupils have profit by the lessons we have learned during the years. She suggested that the duties which unskilled hands can do, be done by ward maids; that the nurse be given good sleeping quarters and the best of food; that she have time to study and not be expected to pick up her theoretical knowledge at

odd moments; that she be turned out at the time of her graduation, abounding in life and health. She said in part:

Until customs in China change, a nurse can only be a half nurse, for she must care for both sexes before she can be a complete nurse. The care of the sick has been looked upon as work only fit for coolies, but the status of a nurse is gradually being raised. As long as cleanliness is looked upon in so many places as devil-punishment, nursing cannot take the place it does in Christian lands. Chinese women have not the constitution of their western sisters. After centuries of being kept indoors with little bound feet, one or two generations will not make them strong. They must be in the future, the teachers of the women of China. We want them to help clean out those insanitary streets, deal with contagious diseases and get such a number in the field that the law makers of China shall be compelled to listen and to help them make this land a sanitary land.

Miss Withers, A.B.F.M.S., of Swatow, wrote a paper on *The Chinese Graduate Nurse and Her Opportunities*. She said:

China for the most part does not know that she needs trained nurses but that is today and not tomorrow. The graduate nurses' opportunity in China is endless. They must be trained to take the foreigners' places as superintendents and also as head nurses. At present the majority of the Chinese people are too poor to use nurses in their private houses, save in a few isolated instances. But the great field is dispensary and settlement work. She can be sent out into villages and towns from the main hospitals and work, perhaps, in connection with women's clubs or schools. She can teach the care of the sick, the dressing of simple wounds, the care of the eyes and teeth, care of children and new born infants, besides daily dispensary duties. As a visiting nurse she will be invaluable and as she goes about she can teach cleanliness and domestic hygiene. If the nurses are trained how to lead the people to Christ, a sum in multiplication is started in work for Christ which cannot be estimated.

These papers were followed by a half-hour questionnaire, when much useful and practical information was given and ideas and plans interchanged. One of the chief, pleasurable profits gained by delegates to the conference has been the interchange of ideas and plans, whether in the more public meetings and over tea cups or in friendly discussions in the tramcars and along the roads. On all hands is heard, "How do you do this?" "What do you do under such and such circumstances?" "What conveniences have you for so and so?" Problems which never confront the matrons or superintendent at home have to be dealt with out here; the fumigation of bedding without a boilerhouse, the disposal of refuse where there is no sewage system, the supply of sterile water when the only water available is that from a muddy river. These and many other subjects have been thoroughly discussed but the main subject has been, How can we raise the status of the Chinese nurse, develop our standard of training and improve our teaching methods?

The morning session on July 2 opened with a paper on Midwifery Training for Chinese Nurses, read by Hope Bell, of the London Mission Hospital, Hankow. Midwifery training inland is only possible at present at hospitals which have been long established and where the nurses are sufficiently well known to be called out to normal cases. Only hospitals in large cities have a sufficiently large practice to enable to take pupil midwives. In country stations, in too many places, there is no foreign nurse and the doctor in charge is only called out to abnormal cases, these, too, generally "in extremis" after native women have done their best and their worst. In England, lying-in patients come into the hospital for ten to fourteen days but in China if a woman can be persuaded to leave her home for the event she must remain in hospital for a month as her friends will not allow her to cross the threshold of her home for one month after the birth of her baby. The extra time in the ward, although it keeps out a fresh patient, is utilised in teaching her how to feed and bathe her baby and how to generally care for it and deal with its minor ailments.

Miss Leader of Foochow gave a paper on The Duties of a Matron in China. She remarked that the home hospitals are usually well staffed with sisters and nurses who all have some share in the education of probationers and assistants are available to help with the administrative work, with the laundry and storeroom departments but in China it is quite different. One foreign trained nurse is all the hospital can boast, except in a very few isolated instances. Thus it comes about that the whole of the teaching and training, plus the oversight of the departments and employees has to be done with one pair of eyes and hands.

A paper followed by Miss Hood, Soochow, on the difficulties which meet matrons out here.

Perhaps the best paper of the conference, and certainly the most helpful one for the Nurses' Association of China as a whole, was one by Miss E. Chung, late of City Hospital, London, and now matron of the Government Hospital, Tientsin. The topic was How Can the Nurses' Association Help China. After a grateful appreciation of efforts made she gave many useful suggestions for enlarging the costs and raising the standard of nursing thus helping China to a body of trained Chinese women to minister to the sick and supplying one of China's current needs.

Various suggestions were made such as,

Every trained nurse already in China should belong to the Association, each province having its own branch. We should aim, each year, to send a suitable girl to England or America for full training.

In China, for some years to come, the training must be one-sided, for male nurses are essential in most of the men's hospitals. Chinese girls have not yet taken up that side of nursing. Another point which Miss Chung emphasized which was gratefully received was,

We nurses must keep our ideals and standard of nursing. We must not lower it, excusing ourselves by saying that the Chinese do not appreciate it and will not like it. If they do not like it we must educate them to appreciate the best. There is no use of trying to help China unless we try to improve the standard of living. We must remember that it is not because they are Chinese that their standards are low but because they have not seen better things. So let us show them better things. I beg each member, you who are giving your services so generously, to do it with the spirit of true helpfulness, to treat the Chinese like human beings, to raise the standard of nursing, to raise the people to enjoy this standard, to forget race differences, to remember that we are all Christians, brothers and sisters in Christ, whether we be negroes, Chinese, Americans or English. If God makes no distinction why should we do so?

Let us, then, take pains not to lower the standard of the nursing profession. The Association can be the means of raising it. My one desire for all of us is that our Association may be the means of really helping China and helping her in the right way for we can supply one of her greatest needs.

The conference this year has been by far the best the Nurses Association of China has ever had. It was more representative and more enthusiastic and it will be more far reaching in its results than any previous gathering. The Association is still in its childhood, the members will not say infancy, but they look forward with steadfast hope to the day when they will be affiliated with the International Council of Nurses and when China will have fully trained and devoted nurses from end to end of her great Republic. "Tomorrow's strength will be very largely the heritage of today's patient striving."

The members of the Nurses' Association of China are all fully trained nurses, whether Chinese, English or American or any other nationality. The officers for the coming year represent three nationalities, Chinese, American and English. With their united efforts they hope to bring the training schools for nurses in China to a high level and by experience gained they hope to avoid many weak points that have hampered the profession in its onward course in other lands.

## FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

### THE WAR

The curtain has rung down on international correspondence, so far as Europe is concerned, and by the time this line is printed the hideous conflagration may have spread even further. For the present the work of international nursing organization is interrupted. Nothing is heard now but the arrangements for sending nurses to the scene of war. For one (perhaps the only one), the writer at least is no longer able to regard war and army nursing with any feeling save that of sick horror and aversion, as being a part of a vast and hideous stupidity which a civilized nation should cast from it for ever. Does it not seem that the very work of the Red Cross itself is a tacit giving of a moral support to war which every human being should refuse to give? Does it not make war more tolerable, more possible and, by mitigating, keep it bolstered up and alive, just as organized charity helps to bolster up poverty and keep it from appearing as the needless, preventable, useless survival that it is? War and poverty are twin monsters with their roots in the same foul soil, the despotic belief that individual and country can only find prosperity by crushing some other individual or country; the spirit against which it is time for women to oppose a moral resistance that shall finally break down the savage in man.

Meanwhile, in England, while nurses are conspicuously to the front for the relief of misery, even while accepting all their services certain men are tirelessly carrying on the old, petty, ignoble warfare on the nursing profession by watching that no advantage be gained for that status they are asking through state recognition. The last *British Journal of Nursing* records two exceptionally base pieces of tactics of this order; fortunately, while that journal stands, not one such underhand attempt will ever get through in safe silence.

One of these is positively funny in its simple frankness—the Selection Committee of St. George's Hospital enacts a promise from its new matron not to take a part in political or social propaganda while in service of the hospital. This means the state registration movement. A simple and effective method of preventing free speech and action!

So far China seems to be the only country unclouded by the war, and a letter from the officers of the Nurses' Association of China, promis-



ing to enter the International Council at San Francisco, is the only cheering letter that has come our way since the war began. It came, however, just before that time. The Association had its annual meeting in Shanghai in early July. The new president is Miss Hope Bell of the London Mission Hospital in Hankow and Hsio Chung is vice-president. As we have said, she will come to San Francisco as one of the delegates. We shall hope to have the full number; China surely is not far away from California. The former president, who brought forward the international proposition, was Nina D. Gage, a graduate of Roosevelt Hospital.

#### THE INTERNATIONAL MEMORIAL

Last month, when the account of the International Memorial to Miss Nightingale was written, a copy of it was at once sent to England to Miss Rundle, asking her to make any denial or contradiction from her point of view. Ordinarily, a reply could have come before the last JOURNAL proofs went to press. But, with the outbreak of war, mails were delayed, and the reply did not come in time.

Miss Rundle says she did not procure the material from Teachers' College for St. Thomas' Hospital, but that they were referred by the College to her after they had obtained it. This is, of course, quite outside the criticism made in the last JOURNAL. That criticism was that, while Miss Rundle's right to advise any group of people on any subject is unquestioned, her attitude of confidential adviser in this instance is open to question.

However, this barbaric war will doubtless throw all these other activities into the shade.

#### ITEMS

The Trained Nurses' Association of India has had a severe loss in the death of Miss Tindall, who was for several years the president of the Association, and always a most devoted, unselfish, and able worker. The nurses of India feel bereft and lost, and all their fellow members in the affiliated countries sympathize sincerely with them.

The two dominant nursing associations of Australia are perfecting their arrangements for affiliation under one central executive committee for the purpose of entering the International Council: a most welcome and applauded step and one for which we have long wished and waited.

## **DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE**

**IN CHARGE OF**

**EDNA L. FOLEY, R.N.**

**PUBLIC HEALTH AND SCHOOL NURSING IN SALT LAKE CITY**

**By ALMA M. KARLSON, R.N.**

*Salt Lake City.*

Visiting nursing was first established in Salt Lake City in 1910 when the St. Mark's Charity Association engaged a nurse merely as an experiment to care for the sick poor. Although very little encouragement or support was received from the public yet success was assured from the beginning.

In various ways attention had been attracted to the cause but with little or no effect in extending the work until the Health Commissioner, Dr. S. G. Paul, always having believed that a great deal of good could be accomplished by school inspection, was able to establish a division of school nurses in connection with the health department. To begin with, in January 1913, two nurses were appointed for work in school inspection.

As was expected this new movement met with some opposition partly from the school patrons and partly from the medical profession but this opposition was only by individuals. Talks to the parents' associations of the various schools by members of the health department, explaining the objects of school inspection and the work to be done by the nurses, practically ended all opposition from that source. Within two months after the work was started complaints by parents were rare and today the work enjoys the support of the Board of Education, principals, teachers, parents and the medical profession. Dr. Paul reports that the school principals have petitioned the City Commission to double the number of nurses beginning September, 1914.

Considering that this movement was only started the last half of the school year, with but two nurses in a field of twenty-seven schools with an average attendance of 17,351 pupils, a surprising amount of good was accomplished. At the close of school, plans were made by the health department to open a milk station on July 1, 1913, but due to unavoidable delay this station was not opened until July 31.

With the kindly coöperation and aid of the Non-Sectarian League, the Mormon Relief Society and the St. Mark's Charity Association two more workers were engaged for the summer months. Of these four workers, three were employed in the milk station and child welfare work, while the fourth devoted her entire time to the investigation of all cases of typhoid reported to the Board of Health. A physician from the Board of Health was in daily attendance at the milk station giving his service free to those unable to pay for medical advice. Through this work a great many mothers were taught how to feed, bathe and care for their little folk, not only infants but also the older children. Pamphlets relative to the care of babies, the care of milk, the danger from flies and the danger from soothing syrups and teething powders were distributed.

Milk and materials for milk modification were furnished free to those unable to pay and a nominal charge made to others. All cases applying to the station were followed up by the nurses and home instructions given in milk modification, the care of the baby and the hygiene of the home. Many cases that had not applied to the station were found by the nurses in their general work in the district, the same instructions were given here and where needed, medical aid obtained.

With the opening of school in September, it was necessary to reduce the work done at the milk station, one worker remaining.

Realizing the value of school nurses and with the record of the work done in the last half of the past school year, Dr. Paul applied to the City Commission for, and was granted authority to appoint three additional nurses. With four nurses in the schools and one in the health office, contagion of serious nature has been decreased, while such diseases as measles, whooping cough, chicken-pox, and mumps have shown an increase due for the most part to the discovery by the nurses of many cases that would have gone unreported.

Splendid work had also been done along the line of correcting physical defects in children. In many cases it was only necessary to call the attention of the parents to the need of medical attention, in other cases where people were not indigents and county charges, the nurses was made that they could not afford to have the work done at the present time. Practically all specialists in the medical profession offered their services free for this class of cases.

The nurse's first duty on arriving at the school is to inspect all children who had been absent, issuing permits to those eligible to return to school and excluding those where any suspicion of contagious disease exists. After this work is done the nurse visits the various rooms making a general inspection of all children and excluding any suspected

cases of contagious diseases. Names and addresses of all children enrolled are immediately reported to the Board of Health office and the cases are then visited by one of the physicians of the department and definite diagnosis made. In case of any physical defects the nurse visits the home and calls the attention of the parents to the condition, recommending that they consult their family physician.

During the school year of 1913-1914 each of the twenty-seven schools of the city was visited twice weekly. The workers have every reason to feel proud of the system and of the success of school inspection in Salt Lake City, as the only opposition met with was in the very beginning of the work and this was not of a serious nature. It is doubtful if school inspection was ever established with less opposition and criticism anywhere.

Plans for this summer included anti-typhoid and anti-tuberculosis work, mothers' clubs, little mothers' club, and the establishment of three Board of Health milk stations. The Board of Education has generously given the use of three of its school buildings in which to conduct the milk stations. This gives ample room for lectures, demonstrations, etc. The domestic science departments in these schools afford ideal quarters for demonstrating the methods of milk modification and food preparations for infants.

One of the most interesting branches of this work is the Little Mothers' Clubs, in which instruction is given girls of twelve years and up in the intelligent application of hygiene and sanitation in their homes.

One of the main features of the milk station is the distribution of pure milk free to those in poor circumstances, and at cost to those able to pay. In view of the increasing interest and support of the citizens of Salt Lake City the nurses have great hopes for the future.

## HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

### SHORTAGE OF NURSES

It would seem that the last word has been said regarding the shortage of pupil nurses, but since it occupies the attention of hospital administrations, boards of trustees and writers upon the subject there may be some phases of the question seldom touched upon.

Many reasons have been advanced for the alleged shortage, such as registration laws; entrance requirements which are too high; long courses, and the great variety of occupations constantly opening to young women. Possibly all of these may be contributory causes, but it seems hardly right to ascribe too large a share to the raising of educational standards for entrance to the nursing schools.

Everybody agrees that we need the best nurses that can be trained; the public and the physicians demand the best, notwithstanding the fact that they sometimes reason to the contrary. It has for a long time been noticeable that the advocates of the untrained nurse, or the one less trained, have usually urged her services upon others, she has not been considered suitable for them, their patients, their families, or their friends.

The superintendent and teacher of nurses is rare who has not sometime been almost overcome by the wave of discouragement sweeping over her at the knowledge that some pupil (graduated from her school), has failed of the greatest measure of success, perchance in the care of a patient in private duty. She knows she did her best with the material in hand and resolves to be more careful in her selection of future pupils. She knows the failure to be due to lack of understanding of the amenities of life or possibly to an ignorance that could not have existed if her nurse had been better educated to start with.

Again, barring an occasional exception and all other things being equal, she knows that when the stress comes and there must be an unusual exertion made to meet a crisis, whether in public or private work she can best depend upon the woman of broad and liberal education for it. This may be owing to the fact that the broad education has enabled the nurse to get the different points of view and harmonize her course to meet the situation. Moreover, experience has taught us



that it is the nurse of broad education who has the least to say about the menial duties of her profession. She is above it because she knows there can be nothing menial in rendering professional service to the sick who are in her care, while the untrained nurse, unless she be actuated by the highest religious motives, is unable to grasp the full significance of the value of her work, or its possibilities. There are two plans for maintaining the educational standards and they are vital ones, even though they should cause a shortage of nurses.

If the medical profession and the sick public want Fairy Gamps and Dotsey Frigs, perhaps they ought to be allowed to have them. Also if it can be proved that nurses qualifying through the much-advocated shorter course can better meet the demands, why, surely, let us adopt it.

While it is contended that the educational standards should be maintained, it must be borne in mind that only good women will make good nurses. The "leaders" are often unjustly criticised for not dwelling at greater length upon this side of the question when, as a matter of fact, the critics forget that it is never necessary to argue for that which is axiomatic.

There is, however, one phase of the shortage in the nursing situation that somewhat alarms the people who are ever thoughtful for the welfare of the sick, viz., the very evident falling off in the number of the best qualified nurses who are willing to do private duty. A glance at the great new body of public health nurses would do something toward convincing one of this fact. Consider its size, its enthusiasm, its enterprise and its personnel and conclude that a great draft has been made upon the private nursing body to form it.

But to return to the matter of the shortages in the hospital schools. It is not particularly evident in those schools which give value received to the pupil nurses for services rendered the hospital. Pupils are found in individual schools of other kinds because they believe they can there get the most for their time and money. Schools of that class compete with each other and the best secure the pupils. Since readjustments are considered necessary, why do not the nursing schools also enter into competition with each other and also secure pupils?

#### AIDS TO TEACHING

As the school year opens in October and all the teachers in our training schools are preparing their schedules for the new work, we are reminded that suggestions regarding teaching methods or material appearing in these columns would be most advantageous to all readers of the JOURNAL. If necessity is the mother of invention there must

assuredly be numerous inventions that would be a great aid to many in our own work.

We are reminded how one instructor gave first lessons in bandaging. She procured some paper mask hands and arms that are used in windows and showrooms of mercantile houses for exhibition of long gloves, also some feet and legs to show long stockings, had them mounted by the "handy man" of the hospital and, as they were too smooth to be really practical, they were shelled and sprinkled with sand before drying.

At very little cost the school was thus equipped with what has proved to be most useful to the beginners who can thus acquire a certain dexterity in bandaging before attempting the manipulation of members of a living, suffering body. It is not to be supposed that a pupil can become proficient by such methods only, but it pays to save our sick people from the effects of our crudity, be it ever so little.

#### SURGEONS AND NURSES

An English contemporary in commenting upon the attitude of the members of the medical profession toward the nurse says that the social position of the nurse has passed through a great change since the days of the intemperate, illiterate "Bakery Camp." It would seem, however, that there is still something wanting in courtesy in the attitude of the English doctor to the nurse, to judge from a quoted instance. A well known surgeon, after an operation, was approached by a nurse with a basin of water in which to wash his hands. Finding it a trifle too hot or cool, he expressed his displeasure by emptying the water upon the nurse. She was drenched to the skin and, what was more to her slender purse, had to pay for the laundering of her uniform. The writer thought that the nurse would have been justified in breaking the basin upon his head.

It would seem from the foregoing that the nurse showed the greater poise and acted well her part. She was incapable of inflicting a "punishment to fit the crime," therefore "discretion was assuredly the better part of valor." Doubtless she remembered her home teaching that "a lady rarely resorts to insult."

Moreover, what must have been the standard for manners and morals of the hospital where this particular surgeon did his high-class work? It could hardly hope to escape the effects of such disgraceful facts and it could certainly not escape its responsibility.

The surgeon's work must needs have been fine indeed and the hospital's charities great and far-reaching in order to maintain the balance with the law of compensation.

## NOTES FROM THE MEDICAL PRESS

By ELIZABETH ROBINSON SCOVIL

**CONDITIONS OF MENSTRUATION.**—The *Journal of the American Medical Association*, in an editorial reviewing the papers of two women physicians on this subject, asks if the modern conditions of living and dress are not responsible for a considerable share of the suffering at this time. Primitive and savage women, it is believed, have a very scanty menstrual flow. The upright position promotes congestion which causes pain. Lax abdominal muscles can be strengthened by proper physical exercises. Deep breathing can be promoted by well-directed effort and the absence of constricting bands in the clothing. This will equalize the circulation and relieve congestion. The change in temperature, pulse rate and blood pressure occurring at this time are negligible. Under normal conditions there should be no more suffering with disorders of the generative organs than with disturbances of digestion.

**TAN PARVATION OR POISONING BY BICHLORIDE OF MERCURY OR MINOMERY.**—It is suggested in *Pediatrics* that bichloride tablets sold to the public should each contain one and one-fourth grains of tartar emetic so as to produce vomiting before the poison can be absorbed.

**AM TO THE DYING.**—A paper in the *Medical Record* on this subject is of especial interest to nurses. The writer believes that the patient should be told by his physician of the seriousness of his condition but not deprived of all hope, as many apparently hopeless cases recover. Man is by nature a religious being and should not, at this time, be left without religious ministrations. While the dying should not be worried with useless attentions they should have everything possible done for their relief. Change of posture to relieve uneasiness, moistening the lips and tongue to assuage thirst, admission of plenty of fresh air, or if indicated, the administration of oxygen, keeping the mouth clean and attending to the excretory organs and giving morphin to relieve unnecessary pain are mentioned. Conversation about the patient or remarks that would be painful or disagreeable to him should be absolutely prohibited. It is not known how much an apparently unconscious person understands of what is passing about him. It is unkind to administer medicine by mouth when swallowing is difficult and it is cruel to continue hypodermic medication when it is of no avail. There should be a joyful confidence in the wider horizon of life that lies beyond.

**LIABILITY OF THE OPERATING SURGEON.**—In an action against an operating surgeon for damage caused by the hospital attendants in negligently leaving gauze in the wound after dressing it, thus causing pulmonary tuberculosis, it was held that an operating surgeon who operated at a number of different hospitals is not liable for the negligence of hospital surgeons, nurses, or internes in the after-dressing of such wounds, if the operating surgeon is without knowledge of such negligence.

**A WAY OF LIFE.**—In an address to Yale students, Sir William Osler says man should live in day-tight compartments. Waste of energy, mental distress and nervous worries dog the steps of a man who is anxious about the future. The failure to cultivate the power of peaceful concentration is the greatest single cause of mental break-down. The quiet life in day-tight compartments will help you to bear your own and others' burdens with a light heart. Life is a straight, plain business and the way is clearly blazed for you by generations of strong men into whose labors you enter and whose ideals must be your inspiration.

**HOMER TREATMENT FOR SCIATICA.**—The *Interstate Medical Journal* quoting from a German medical contemporary, says that in this treatment a pail of boiling water should be placed in a tub large enough to contain a chair. A tablespoon of oleum pini sylvestris is poured into the boiling water. The patient sits upon the chair with his feet outside the tub; two sheets are pinned around his neck so that they reach the floor, enveloping the tub completely. He remains in this steam bath for twenty minutes, is then rubbed briskly with a cold wet towel and is put to bed for an hour. If necessary, especially with older people, cold applications may be placed upon the head during the bath. This is given every other day. Five to fifteen sittings are said to give permanent relief. The bowels are kept open and iodides are given internally, preferably iodine vasogen, seven to eight drops three times a day.

**LOCAL AFTER-TREATMENT OF ULCERS OF THE LEG.**—An article in the *Journal of the American Medical Association* recommends as a protection from relapses that when the ulcers are healed the legs should be bathed twice a day, the affected leg massaged with a 2 per cent alcoholic solution of carbolic acid and when dry, they should be dusted with talcum or rice powder. In the day-time a well fitting elastic stocking should be worn to prevent swelling of the leg.

**OVER-EATING A CAUSE OF SICKNESS.**—In an article in a Danish medical journal, quoted by the *Journal of the American Medical Association*, the benefit which follows the restriction of diet is dwelt upon. Chronic rheumatism, refractory to heat, baths, massage and drugs, may yield promptly and permanently when a few pounds of fat have

been lost and may return when the patient again over-eats. Restriction of the diet alone may bring a high blood pressure down to normal. Constipation is prevalent among the corpulent and a continuation of rheumatism and nervous symptoms are not infrequent.

**CARE OF DELICATE AND PREMATURE CHILDREN.**—At the meetings of the American Medical Association, it was stated that the two important requirements in these cases were nourishment and conservation of bodily heat. Incubators were considered unsatisfactory on account of defects in ventilation. The use of a clothes basket lined with oil-cloth and cotton batting and heated with water bottles was preferred. A covering of flannel was advised. A temperature of 90 degrees should be maintained. The face should be exposed while the body is kept warm, wrapped in absorbent cotton and oiled. Excessive heat was said to be a source of danger. If the child is too weak to nurse, a medicine dropper should be used, or a Breck feeder or a catheter. Care should be taken that a feed clot does not enter the larynx and cause death. Fresh air was considered indispensable. One doctor had used a soap box with one side removed which was placed against a radiator. The results were satisfactory.

**THE PHYSIOLOGY OF WORRY.**—In a paper in the *Medical Record* it is stated that physical manifestations of worry are depression of respiration, sighing, disturbances in the rate and force of heart beat, vasomotor changes, disturbances in secretion, pallor, coldness of the extremities, relaxation and decreased motility of the alimentary tract, dilation of the pupil of the eye, loss of weight, insomnia, and general physical exhaustion. Worry is sometimes an important agent in producing diabetes, gout, exophthalmic goitre and chronic heart disease. Through the sympathetic nerves the secretions of the internal glands are affected. The blood vessels of the kidneys are dilated, allowing an abundant supply of blood to these organs. This increased blood pressure and the hyper-activity of the secreting cells may well account for the marked changes so often observed in worried individuals.

**APPENDICITIS.**—A writer in *The Lancet* believes that diet is a very important factor in the causation of appendicitis. This disease prevails among meat-eating nations. It is therefore thought probable that the saturated fats, such as are contained in beef and mutton, may predispose toward it. Irregular meals, the quick lunch, imperfect teeth leading to faulty mastication of food, are contributory causes. The lack of physical exercise is also conducive to it. Hygienic living would seem to be the best prophylactic by keeping the body in the highest state of efficiency.



## LETTERS TO THE EDITOR

### MEMORIES OF MISS NIGHTINGALE

DEAR EDITOR: The Metropolitan Life Insurance Company recently supplied its visiting nurses with copies of the monograph "Florence Nightingale, An Appreciation," by Mary Aldin, President of the Chicago Visiting Nurse Association. Among the letters of appreciation and thanks received in the following tribute to the memory of Miss Nightingale from a nurse who received her training at St. Thomas' Hospital, London. We feel sure that the letter will be of interest to all nurses, which I quote as follows:

"It is with the greatest appreciation that I acknowledge the receipt of the little booklet about Miss Nightingale.

"When I tell you that I trained at St. Thomas' Hospital, London, under the 'Nightingale Institute' and know Miss Nightingale personally, you will readily understand what a particular appeal this account of her would have for me.

"I often had the privilege of seeing and talking with Miss Nightingale during my years of training, her home was not very far from the hospital, and although she was more or less of an invalid yet she was able at times to give words of counsel and advice. The picture is a little like her but does not begin to give the beautiful expression for which she was so justly famous. For the hospital, every Saturday of the week, she would send a basket of dainties to each ward, for the three head nurses three individual packets in a basket, one for each charge nurse, and for the night and day nurses. Until the last few months of her life the baskets were packed under her direct supervision with the name of each nurse attached.

"The probationers were remembered in other ways. I must apologize for the length of this letter but my deep interest in the subject must be my excuse."

We should be glad to have this letter appear in the JOURNAL.

LESLIE E. FRANKEL.

### A SERIOUS LOSS TO NURSES IN INDIA

DEAR EDITOR: The countries affiliated with the International Council of Nurses will sympathize with the Indian Association in the great loss which has befallen the nurses of this country, in the death, almost in one week, of our patroness and our honorary secretary and treasurer. All the world has bowed to the sudden death of Lady Hardinge and countless hands have been stretched out to the bereaved Viceroy in sympathetic sorrow. Lady Hardinge had been for three years the Official Head of the Trained Nurses' Association of India, as its Patroness.

Lady Hardinge was in every sense a stateswoman, worthy of the honored company of women whom she followed as the wife of the Viceroy. Among many other things she took a deep and practical interest in the sick and those who cared for them.

On Sunday, the nineteenth of July, Miss Tindall passed away after a long and painful illness in which there had been from the first very little hope of recovery. Those who read the *Nursing Journal of India* and the *British Journal of Nursing* will know enough of Miss Tindall's unswerving activity to appreciate, in some

measure, what her loss will mean to us. She had been for three years president of the Trained Nurses' Association, and on laying down that office last year, took up the arduous duties of secretary and treasurer. Her enthusiastic labours in absolute disregard of herself are an example of unselfish zeal rarely equalled among us and her name will be a loved and honoured one as we press on toward the ideals of nursing and service which uphold her. The August number of the *Nursing Journal of India* will be a Memorial one.

India.

ETNA KLOSS.

#### CAMPAIGN AGAINST THE CORRESPONDENCE SCHOOLS

DEAR EDITOR: In the August number of the *JOURNAL* there was a letter signed by R. C., protesting against the advertisement of correspondence schools and urging every nurse to write a protest. At the meeting of the Kentucky State Nurses' Association, Emma Hunt offered a resolution, which was adopted, that the secretary send notice to the magazine advertising said schools that the Kentucky State Association protest against such advertising. Miss Hunt is doing the state organization work for the Tuberculosis Commission and works in co-operation with women's clubs through-out the state. She is interesting them in the fight on correspondence schools and is planning for a letter day to be held later when all the members of the Association will send a personal protest to the magazine with such an advertisement.

It would be effective if every association would take the action that Kentucky has, along the same line, so that thousands of letters from all over the country would go in on the same day. I feel that it ought to be put before the readers of the *JOURNAL*. If we would all coöperate we are strong enough to accomplish a great deal.

Kentucky.

R. F. D.

#### A RAPID TRANSIT VISIT TO TWO TORONTO HOSPITALS

DEAR EDITOR: Having a limited amount of time and desiring to see as much as I could of the Toronto General and the Children's Hospital, I decided to be satisfied with a walk around the entire square on which the General is situated. I felt myself privileged even to see the splendid building and grounds from the outside. I paid a short and most interesting visit to the Children's Hospital and Nurses' Residence of which I had read so much. I was not disappointed to find it all and more than I expected.

A little later, looking in upon Miss Salvary, the pioneer superintendent of nurses of the General, but now retired, whom I had known ever since she had been my head nurse in Bellevue, I found her quite insistent that I should see at least a small part of the new hospital. With a letter of introduction to Miss Gunn, the present superintendent of nurses, I returned to the General through which a rapid tour was undertaken. Now I have visions of quarters, splendid wards, auxiliary and operating rooms and a private patient building separated from all others, in the center of well-kept grounds, with green lawns and flowers. A most immaculate kitchen, with its corps of voluminous looking workers and with facilities for serving many people expeditiously and well, was not overlooked. Everywhere, everything not only denoted a fine building but good housekeeping

as well. A ventilating system, electric lighting and call system with electric clocks all over the building, which are controlled by one main electrical clock, were a few of the chief points noted. One interesting feature was the handsome medicine cabinet near each ward with an electrical alarm when opened.

The tour finally ended at the nurses' home where a cup of tea was enjoyed with Miss Gunn and her staff of assistants. This was, indeed, a cozy place. Sewing on materials for Canadian soldiers were the order of the day. One busy nurse was knitting wristlets as she had her tea. The soldiers were already experiencing cold wrists in holding their guns at Quebec. After rest and tea the nurses' quarters were inspected. Everything was in keeping with a comfortable, pleasant home. There were parlors, reading room and pupil nurses' sitting room where the nurses' may assemble in comfortable negligence, and where they may dance, sing, play or visit.

One thought predominated in my mind as I saw so many things in so short a time, How proud the people of Toronto must be of their City Hospital!

New York.

G. M.

#### TOURIST SLEEPERS

DEAR EDITOR: In the September JOURNAL, in writing of the International Train to San Francisco, Miss Dock says tourist sleepers differ from Pullman only in having rotten, instead of plush. I am sure she is quoting railway officials, for that is always their explanation. Anyone who has travelled in a tourist sleeper knows that the essential difference between that and a Pullman lies in the toilet arrangements. At the women's end of the tourist sleeper there is a very small closet-like wash room, which will hold one person only, and that one person can hardly turn around. At the men's end there are several wash basins in a row, but they are not shut off or screened. When nurses have a car to themselves both ends of it are at their disposal, but even so it is rather hard to make one's toilet comfortably or in privacy.

New York.

ONE OF THE "TENDERMAIDS."

#### "TWILIGHT SLEEP" AT THE JEWISH MATERNITY HOSPITAL

DEAR EDITOR: With all the various opinions expressed for and against the administration of the scopalamine narcophan anaesthesia for inducing sleep during labor, with many physicians here saying that they had tried it ten or twelve years ago and found it generally unsatisfactory, with others attributing its effect to the physiological impression given by the darkness of the room and the repeated assurances made to the patient that there would be no pain, with popular magazines sending agents over to the Frauenklinik at Freiburg where Drs. Bernhard Krenig and Karl Guss have developed the successful method of "Dummeaschlaf" as attested to them by thousands of cases, the Jewish Maternity Hospital, since June 15, has treated about 150 patients with enthusiasm concerning the experience. The work has been carried on at the hospital under the supervision of a young German physician who has spent several years as assistant at the clinic at Freiburg and who came over here for the sole purpose of demonstrating the method.

In the "Twilight Room" all is kept perfectly quiet, the room is darkened, lights shaded and a nurse is always in attendance in that room as the patients' pulse must be carefully watched during the anaesthesia. Three, four and five

hypodermics are given according to the temperament of the patient. One patient even during labor had had seven hypodermics and appeared to the observer to be quite as normally active as she would have been without the drug and responded readily to questions. Its advocates say that it in no way interferes with the muscular action needed for delivery.

The patients convalesced with at the Jewish Hospital said that they had no recollection of the period of sleep which lasts for three or four hours after the delivery. Each had been incredulous when given her baby and nearly always felt like getting up at once. Some patients do get up on the third day but many doctors prefer to keep them under their care quiet for ten days.

Ellen T. Keene, a graduate of the Lebanon Hospital Training School is in charge, with Mary A. Keene and Matilda Marchant of the same hospital also, as assistants.

MARY E. THORNTON.

New York.

## TOO LATE FOR CLASSIFICATION

### OHIO

THE Ohio State Nurses' Association will hold its annual meeting on October 20 and 21, in Dayton, in the Christ Church Parish House. The headquarters will be at the Algonquin Hotel. There will be four sessions, the first devoted to registration and routine business; the second on Private Duty Nursing, with a talk by Katharine DeWitt, secretary of the American Nurses' Association; the third, a Public Health Session; the fourth, the League of Nursing Education.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

### THE AMERICAN NURSES' ASSOCIATION

#### PLEDGES FOR THE INTERNATIONAL CONGRESS

Will the organizations and individual members who have made pledges for the expenses of the International Congress in San Francisco kindly submit them at their earliest convenience, as the 1915 Committee is now at work and requires all available funds.

Checks should be sent to the treasurer, Mrs. C. V. Twiss, 420 West 144th Street, New York, N. Y.

#### REPORT OF CASH RECEIVED FOR EXPENSES OF INTERNATIONAL CONGRESS OF NURSES, SAN FRANCISCO

September 1, 1914

##### RECEIPTS

Previously acknowledged.....	\$361.00
J. L. Jones, Pittsburgh, Pa.....	5.00
St. Joseph's Hospital Alumnae Association, Kansas City, Mo.....	5.00
The California State Nurses' Association.....	200.00
	<hr/>
	\$571.00

##### DISBURSEMENTS

Sent financial secretary and treasurer of 1915 Committee.....	\$250.00
Balance, September 1, 1914.....	\$321.00

Mrs. C. V. Twiss, R.N., Treasurer,  
420 West 144th St., New York City.

##### REVENUES

Reprints of Dr. Emerson's address, The Place of Religion in the Life of the Nurse and of Professor Winslow's paper, The Role of the Visiting Nurse in the Campaign for Public Health, may be obtained from the secretary of the American Nurses' Association.

#### REPORT OF THE NURSES' RELIEF FUND

July 1, 1914

##### RECEIPTS

Previously acknowledged.....	\$4,325.45
Interest on 5 bonds.....	225.25
Interest on bank account.....	25.01
Calendar Fund, L. A. Osborne, Chairman.....	10.00
Calendar Fund, L. A. Osborne, Chairman.....	625.70
	<hr/>
	\$5,211.41



## DISBURSEMENTS

Envelopes and postage for circular letters.....	6.40
	<hr/>
\$ Bonds per value.....	\$5,156.04
	<hr/>
Total.....	\$51,281.04

August 1, 1914

## RECEIPTS

Previously acknowledged.....	\$5,156.04
The Babcock Hospital Alumnae Association, Philadelphia.....	15.00
Springfield Hospital Alumnae Association, Springfield, Mass.....	10.00
St. Joseph's Hospital Alumnae Association, Chicago.....	10.00
Graduate Nurses of Waterbury, Conn.....	25.00
North Carolina State Nurses' Association.....	10.00
Louisiana State Nurses' Association.....	10.00
	<hr/>
	\$5,226.04

## DISBURSEMENTS

Two kinds of circular letters.....	\$5.00
	<hr/>
	\$5,221.04
	<hr/>
\$ Bonds per value.....	\$,000.00
	<hr/>
	\$12,221.04

Contributions for Relief Fund should be sent to Mrs. C. V. Twin, R.N., Treasurer, 420 West 14th St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City.

## RELIEF FUND LETTERS

A letter in regard to the Nurses' Relief Fund was sent during July to the corresponding secretary of each association affiliated with the American Nurses' Association. About two-thirds of the associations have responded, giving the desired information; all others are urged to do so as promptly as possible. If the letter has not been received, the secretary of the American Nurses' Association should be notified, when a duplicate will be sent.

Wanted:—the name and address of the secretary of the Youngtown Hospital Alumnae Association, Youngtown, Ohio.

KATHARINE DeWITT, Secretary.  
45 South Union Street, Rochester, N. Y.

## RELIEF FUND CALENDARS

The following persons have agreed to take charge of the sale of calendars:

California, Pasadena, Mrs. C. D. Lockwood, 225 Madison Place.  
Connecticut, New Haven, Marcella T. Haven, 673 Chapel Street.  
Georgia, Atlanta, Thelma Wardell, 25 Porter Place.

Indiana, Indianapolis, Fanny Gourd, 2204 North Senate Avenue.  
Iowa, Des Moines, Anne J. Jones, 282 E. P. Block.  
Kentucky, Louisville, Joe O'Connor, 222 South 6th Street.  
Louisiana, New Orleans, Mrs. Lydia Brown, 621 Constantine Street.  
Maine, Portland, Edith Duke, 374 2d Street and Harriet Hobanfield, Arsenal Street.

Minnesota, Minneapolis, May Schultz, Hampshire Anna.  
Massachusetts, Boston, Ursula C. Noyes, Boston City Hospital.  
Michigan, Detroit, Mrs. Elsie M. Moore, 32 East High Street.  
Mississippi, Greenville, Leola M. Stuck, 220 South Poplar Street.  
Missouri, St. Louis, Miss Lindeman, South Hospital, Putnam and Ohio.  
Nebraska, Omaha, Mrs. Maxwell, Methodist Episcopal Hospital.  
New Hampshire, Franklin, Ida A. Witter.  
New York City, Nurses' Central Registry, 54 East 34th Street.  
Ohio, Columbus, Rachel Eldred, 270 East State Street.  
Oklahoma, Oklahoma City, Leola Carr, 122 East 5th Street.  
Pennsylvania, Philadelphia, Margaret M. Ayres, 1229 Arch Street.  
Vermont, Burlington, Clara J. Churchill, Mary Fletcher Hospital.  
Wisconsin, Milwaukee, Mrs. George R. Hunt, 225 27th Street.

For information address L. A. Olsson, R.N., Allamwood, Pa.

#### LIST OF ASSOCIATED SCHOOLS

The pamphlet giving lists of schools accredited by their own examining boards in most of the states having registration may be obtained from Mary C. Wheeler, 222 Monroe Street, Chicago, at the price of fifty cents.

#### ARMY NURSE CORPS

**APPOINTMENTS.**—Emma M. Rousson, graduate of Rhode Island Hospital, Providence, R. I.; Ethyl L. Dunbrille, Galt General Hospital, Galt, Ontario, Canada. Assigned to duty at Walter Reed General Hospital, Taberna Park, D. C.

**RE-APPOINTMENTS.**—Madeline M. Poppel, graduate of Maryland General Hospital, Baltimore, Md. Assigned to duty at Walter Reed General Hospital, Taberna Park, D. C.

**TRANSFERS.**—From Walter Reed General Hospital, Taberna Park, D. C.: to Transport duty, Ha Brandon, David E. Henry, Ruth Holland, Louisa Knapp, Ruth Kierlin, Margaret J. MacDonald, Margaret M. MacLaff, Evelyn R. Morrice, Marie Speckert, Elizabeth Spencer, Jennie M. Braden, Ruby Rapp. From the Letterman General Hospital, San Francisco, Calif.: to Army General Hospital, Fort Bayard, N. M., Anna J. Crowley. To the office of the Surgeon General, War Department, Washington, D. C., Dove E. Thompson. To Philippine Department, Manila, P. I., Eleanor L. Sullivan and Edith E. Ruffenberger. From Department Hospital, Honolulu, H. T.: to Letterman General Hospital, San Francisco, Calif., Lydia M. Keener, with assignment to duty as chief nurse. From Department Hospital, Manila, P. I.: to Letterman General Hospital, San Francisco, Calif., M. Virginia Hines, Lydia Latham and Fern Shallen.

**DISCHARGES.**—From Fort Wm. McKinley, P. I., Annette B. Hulse. From Letterman General Hospital, San Francisco, Calif., Jennie Lorenson. From Army General Hospital, Fort Bayard, N. M., Edith M. Stuck.

The many friends of Edith L. Richmond will read with regret the report of her death at Fort Bayard, N. M., August 10, 1914, of pulmonary tuberculosis. Miss Richmond rendered long and faithful service in the Army hospitals, having served as contract nurse and then as a member of the Army Nurse Corps, practically continuously since 1893.

ISABEL McISAAC,  
Superintendent, Army Nurse Corps.

## NAVY NURSE CORPS

**APPOINTMENTS.**—Eva B. Knowlton, Homoeopathic Hospital, Buffalo, N. Y.; Anna M. Swenson, St. Joseph's Hospital, Denver, Colo., Head Nurse Swedish National Sanatorium for Tuberculosis, Englewood, Colo.; Mary Elizabeth Hand, Methodist Episcopal Hospital, Brooklyn, N. Y.; Selma May Griffith, City Hospital, Newark, N. J., connected with Gouverneur Hospital, New York and Ancon Hospital, Canal Zone; Anna K. Jones, St. Joseph's Hospital, Denver, Colo.; Mary H. Bethel, Howard Hospital, Philadelphia, Pa.; Eleanor Lawrence, State Hospital of Northern Anthracite Coal Region, Scranton, Pa.; Helen L. McKenna, State Hospital, Rochester, N. Y., Post-Graduate Neurological Hospital, New York.

**TRANSFERS.**—Eleanor Lawrence, to Washington, D. C.; Helen A. Russell, to Washington, D. C.; Mary H. Bethel, to Philadelphia, Pa.; Eva B. Knowlton, to Washington, D. C.; Della V. Knight, Chief Nurse, to Guam; Anna Swenson, to Mare Island, Calif.; Clara A. Irvin, to Philadelphia, Pa.; Margaret S. Warner, to Philadelphia, Pa.; Helen L. McKenna, to Newport, R. I.; Frances McDonald, to Norfolk, Va. (Acting Chief Nurse); Anne K. Harkin, Chief Nurse, to Naval Dispensary, Washington, D. C.; Anna K. Jones, to Norfolk, Va.; Selma M. Griffith, to New York, N. Y.; Mary Elizabeth Hand, to Washington, D. C.; Miriam Ballard, to Naval Dispensary, Washington, D. C.

**PROMOTIONS.**—Della V. Knight, Chief Nurse, Naval Hospital, Guam. Anne K. Harkin, Chief Nurse, Naval Dispensary, Washington, D. C.

**APPOINTMENTS.**—Glad Fitzgerald, Acting Chief Nurse, Newport, R. I.; Frances McDonald, Acting Chief Nurse, Norfolk, Va.; Fredrika Brown, Acting Chief Nurse, Guam; Anna G. Davis, Acting Chief Nurse, Philadelphia.

**RESERVE NURSE LIST.**—Kathleen E. Hertzer, Chief Nurse. Name placed on Reserve Nurse List; Charlotte M. Page, Name placed on Reserve Nurse List; Agnes G. Young.

**RESERVE NURSE LIST.**—Ethel Steiner, Esther A. Mosher, Lucinda Patton, Mary J. Carr, Mary Cordelia Simmons, Marion Farguehan, Mary Louise Knudsen, Jennie Van Wazer.

LESLIE S. HANSEN, R.N.,  
Superintendent, Nurse Corps, U.S.N.

## CALIFORNIA

**Oakland.**—Emma G. Koser, recently of Akron, Ohio, has taken up social service work in connection with the National Lamp Works of the General Electric Company, here. She is hoping to show the plant and the work to nurses visiting San Francisco next spring.

## COLORADO

**DENVER.**—THE ALUMNAE ASSOCIATION OF THE COLORADO TRAINING SCHOOL FOR NURSES held its regular monthly meeting at the County Hospital on September 8. Signa Frank and Ethel Hedges entertained. Thirteen members responded to roll-call. Two new members were taken into the Association. After the regular business was finished, time was given over to the Association for interviewing Miss Petterson who for the past two years has had charge of the Hospital for Ruptured and Crippled Children in New York City. Refreshments were served at the end of the meeting. The Association was represented at the City Federation by three of its delegates, Louise Purin, Signa Frank and Floche Forman. Billy Sunday gave a thirty-minute talk on his methods which proved very interesting to the Federation.

**Colorado Springs.**—THE DENVER-ELL HENREVEL has lost its superintendent, Betty H. Gardiner. Her resignation took effect August 28. Miss Gardiner has returned to her home in New York for a long rest, her engagement to Prof. Thetters having been announced, the wedding to take place next June. The pupils of the training school presented Miss Gardiner with a writing desk. Miss Near of the Children's City Hospital will be her successor.

MISS BRADSHAW AND MISS LATHAM, who took a post-graduate course at the Woman's Hospital in New York City are returning to Colorado. They had a very profitable six months.

THE NURSES' RECREATION ASSOCIATION held its annual picnic in September. The Business Woman's Club gave the use of its cabin in the mountains.

## CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its regular quarterly meeting on September 2 in Meriden at "The Cedars," the home of Mrs. Marchant. The special business before the Association was the making of some changes in the registration bill. There were forty-three members present and after much discussion it was unanimously decided to place the matter in the hands of the legislative committee. They will report the suggested changes at the November meeting. After the business, a basket luncheon was enjoyed on the lawn.

**Waterbury.**—THE GRADUATE NURSES CLUB met in its club-rooms for its regular meeting on September 1. After the business was completed a farewell dinner was served to four of its members, two of whom are to marry and two to leave on the Red Cross ship for the war. Over eighteen training schools are represented in the Club, all the members of which are members of the state association. Five per cent of the members volunteered for service in the European war. Two have gone and the others are ready for a second call.

**New Haven.**—THE ALUMNAE ASSOCIATION OF THE CONNECTICUT TRAINING SCHOOL FOR NURSES resumed its meetings for the year after the summer recess on September 2, at the usual time and place. The meeting was well attended with Miss Barren in the chair and the newly elected secretary, Miss Churchill, present. After the routine business was disposed of topics taken up at the state meeting the day previous were discussed, such as the future amendment of the state bill, the coming sale of the National Relief Fund collection, etc. The meeting adjourned after voting to accept an invitation for next October to the Visiting Nurses' day camp at Lion Park, West Haven.

## DISTRICT OF COLUMBIA

THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for registration of Nurses, Wednesday, November 4, 1914. Applications must be made before October 15, 1914 to

HARLEN W. GARDNER, R.N.,  
1337 K Street, Washington, D. C.

## IDAHO

**Notes.**—Mrs. GERTHIE CRAGG, who has been one of the most active workers in the state association since its organization, left for Honolulu, late in September, expecting to remain there for an indefinite period. She will be greatly missed.

## ILLINOIS

THE ILLINOIS STATE BOARD OF NURSE EXAMINERS will meet in Chicago, October 21 and 22, 1914, for the purpose of conducting an examination for the registration of nurses. For information and application blanks apply to

ANNA L. TITTMAN, R.N., Secretary,  
State Capitol, Springfield, Ill.

THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Springfield on November 9 and 10, when three hundred nurses are expected to be in attendance. The thirteenth district is in charge of arrangements. There will be special sessions on Public Health and Red Cross Nursing. The Illinois League of Nursing Education will meet at the same time. Among the prospective speakers are Miss Delano and Miss Clement, Washington; Roger N. Baldwin, St. Louis; Prof. Dearholt, University of Wisconsin; Mrs. Frederick Dow, President Illinois Federation Women's Clubs; Dr. St. Claire Drake, Secretary of the Illinois State Board of Health. Mrs. Dunne will give a reception at the Executive mansion and several luncheons have been planned, one for private duty nurses. Every nurse in Illinois is invited and urged to attend.

**Chicago.**—Mrs. EULA POWELL and Miss DuNORM of the Chicago Hospital Training School have become Red Cross nurses. Miss Mack has joined the staff of nurses of the Municipal Tuberculosis Sanatorium.

**Monmouth.**—THE MONMOUTH HOSPITAL TRAINING SCHOOL FOR NURSES held its eighth annual commencement on May 26 at the Baptist church. The address to the class was delivered by Rev. Clyde Matson. Dr. R. W. Hood, president of the board of directors presented the six diplomas. On the following evening, May 27, a reception and dinner to the graduates was given at the Commercial Club by the hospital staff. A bountiful dinner was served after which toasts were given and papers read by Drs. Shenick and Unkrich and also by Miss Huey of the graduating class. Elizabeth Procter, ex-superintendent, who had resigned in February on account of ill health, was a welcome guest at the banquet. She gave a word of advice to the seniors, her best wishes to the graduates and greetings to the staff. Miss Procter's resignation was regretted by all for she was an efficient superintendent and her untiring helpfulness was appreciated by doctors, nurses, friends and patients.

ANNA H. JOHNSON of Wesley Hospital, Chicago, has accepted a position as Superintendent of Monmouth Hospital to fill the vacancy caused by Miss Procter's resignation.



**Pavia.**—Frances Henrival has as its new superintendent Stella Frelking, a graduate of the school and for some time assistant to the late superintendent, Lory Brown. Rosa Fehd becomes assistant superintendent.

Misses Amundsen, Monsson and Garve, who were in Rome when the war broke out, reached home safely in September and have many interesting experiences to relate.

#### INDIANA

The Indiana State Nurses' Association will hold its twelfth annual convention at the Hotel Severin, Indianapolis, October 15 and 16. On Thursday afternoon, the 15th, Elizabeth Fox of Dayton, Ohio, will speak on Method of Establishing Visiting Nursing Associations. On Thursday evening an informal reception will be held at the Nurses' Central Directory. On Saturday morning an operative clinic will be given by Dr. W. D. Gatch at the Robert W. Long Hospital, followed by a visit to the new City Hospital unit.

The Indiana State League of Women Educators will meet on October 14, 1:30 p. m., at the Methodist Hospital, Indianapolis.

The Indiana State Board of Nurses Examiners will hold an examination in Indianapolis, November 18 and 19, 1914, at the State House.

Rosa Hurstman, R.N., Secretary,  
Covingtonville.

#### IOWA

**Des Moines.**—The Des Moines Homeopathic Nurses' Association held its annual meeting on June 15. The secretary reported a total attendance of 618, a total membership of 143 with 25 new members to the year's credit. The treasurer's report was favorable showing a substantial balance. The result of the annual election was as follows: president, Emma Wilson; vice presidents, Veronice Stapleton, Dora Smith; secretary, Mary McCarthy; treasurer, Ann J. Jones; auditor, Charlotte Ballantyne; member of registry board, Mildred Davidson.

Miss A. L. Davis, graduate of Rockford Training School, Rockford, Illinois, has accepted a position as supervisor at the Iowa Methodist Hospital Training School. Miss I. W. Warren has entered upon her duties as supervisor at the same place.

**Iowa City.**—Anna Gorman has accepted the position of resident nurse at Ocular Hall, for the coming year. Miss Goshale has been taking the place of Josephine Crookman, as superintendent of the University Hospital while Miss Crookman has been absent.

Edna Sennars of Brooklyn, Iowa, has been appointed superintendent of the University Homeopathic Hospital, beginning work August 15. She is a graduate of the training school and has done post-graduate work in the Woman's Hospital, New York. She succeeds Eva Parsons, who resigned her position as superintendent in order to enter Columbia University for a year's study.

**Davenport.**—Grace McIlhenny, graduate of St. Luke's Hospital Training School has accepted the position of assistant superintendent of Rockley Hospital, Marquette, Michigan. Miss McIlhenny assumed her duties on August 17. Anna Benson, graduate of the same school, was elected school nurse at Fairfield, for the year 1914-1915.

**Des Moines.**—Lillian Benson has resigned her position as superintendent of the Hanna Moore Hospital, a position which she has held long and efficiently.

**Cedar Rapids.**—GRACE BAKER, graduate of the Illinois Training School has resigned her position as superintendent of St. Luke's Hospital. She will spend a year abroad, doing special work at the University at Edinburgh.

#### MARSHACHUSETTS

**Boston.**—ALLEN WALSH, class of 1912, Boothby Hospital, has taken the position of assistant superintendent at the Conant Hospital, a private hospital on the Bay State Road, Boston.

**Falmes.**—THE WING MEMORIAL HOSPITAL was opened on September 1, with Dr. H. C. Cheney as secretary of the Board of Managers.

#### MICHIGAN

**Eastland.**—THE HACHELY HOSPITAL TRAINING SCHOOL FOR NURSES held its sixth annual commencement on September 11 in the Woman's Club House. A class of six was graduated. Rev. William Galpin opened the exercises with the invocation. Elizabeth Greener, superintendent of the hospital and the training school, gave a report of the training school. The address to the class was delivered by Dr. George L. LeFevre. Annie M. Coleman, State Inspector of Training Schools, administered the Modified Hippocratic Oath. Diplomas were presented by Rev. Archibald Hadden. Musical numbers were interspersed through the program after which a reception was held.

ELIZABETH P. GREENER, superintendent of Hachely Hospital, has resigned her position in order to accept that of superintendent of nurses at Mt. Sinai Hospital, New York City. Miss Greener is a graduate of the New York City Training School, where she also took post-graduate work and served for four years as assistant superintendent. She has held her present position for seven years and will be greatly missed not only by the hospital and the community but by the nurses of the state, for she is at present president of the Michigan State Association and has always been active in its work and that of the League, recently founded. Miss Greener enters upon her new duties on October 15.

#### MINNESOTA

**Minneapolis.**—THE HENNEPIN COUNTY RECOVERED NURSES' ASSOCIATION held its annual meeting on September 9 at headquarters, Hotel Hampshire Arms. At the close of the business meeting the nurses enjoyed a social hour given for the retiring and newly elected officers. Refreshments were served for about fifty nurses. The officers elected for the following year were: president, Hannah Swenson; vice presidents, Cora A. Smith and Suzanne E. Maddy; secretary, May M. Schultz; corresponding secretary, Vera Watson; treasurer, Bertha E. Merrill. The directors are Edith P. Rommel, Augusta E. Mottel and Ethel Plympton.

#### MISSISSIPPI

THE MISSISSIPPI STATE BOARD OF EXAMINATIONS AND REGISTRATION FOR NURSES will meet in Greenville on November 2.

THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting in Greenville on October 29 and 31. The subject for consideration is How Can We Influence the Better Educated Class of Women to Enter

**Training Schools for Nurses.** Miss N. E. Schaeffle of Natchez, will prepare the opening paper and it is hoped that everyone present will be prepared to say something on this subject.

#### MISSOURI

**THE MISSOURI STATE NURSES' ASSOCIATION** will hold its annual meeting in St. Joseph, October 14, 15, 16. Headquarters will be at the Y. W. C. A. building, a new building which will be opened October 1. All the sessions will be held there as it has every accommodation to take care of a convention. An interesting program is being worked out by the committee. An afternoon and evening will be devoted to Public Health Nursing, in charge of Miss Foley of Chicago; paper and discussion on the private duty nurse in the rural districts of Missouri; a session on Mental Hygiene and School Nursing; papers on the Nurses' Place in Preventive Medicine by a prominent physician and the methods of obtaining amendments to the present registration law, by an attorney. The Legislative Committee has been busy working on amendments to the present law and the subject will be very thoroughly discussed at this meeting. The Superintendents' Society will have charge of one session and delegates to the various conventions will give their reports. St. Joseph is well known for its charming hospitality and members are looking forward to this meeting with great anticipation. Luncheons and round-tables will be held each day and a musicale followed by a reception will be held the first evening. Since the National Convention in St. Louis, the Missouri nurses have received an impetus and feel an intense and lively interest in all phases of nursing service and have expressed most enthusiastic interest in the coming annual meeting. For further particulars address Miss E. A. Down, 2807 St. Joseph Avenue, Chairman of Program Committee.

**KANSAS CITY.**—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its regular monthly business meeting at the Club House, 3201 Charlotte Street, on September 2. It was decided to hold a dolls' bazaar on November 11, each nurse dressing her doll in the uniform of her training school. A great deal of enthusiasm was manifested by all present as the funds of this sale are to be used in the interest of the Club House. Mary Barnes, superintendent of nurses of the German Hospital gave a most interesting report of the American Hospital Association which was held in St. Paul during the last week in August. After adjournment refreshments were served by the Alumnae of the General Hospital. The Association held an informal social meeting on July 1 at the Club House which was well attended.

CHARLOTTE FENNEMAN who has been in Scotland for the last two months called for home on September 19.

HARRIST LICE, superintendent of nurses of the General Hospital; Mary Barnes, superintendent of nurses of the German Hospital and Minnie Landis, superintendent of nurses of the University Hospital, attended the meeting of the American Hospital Association in St. Paul.

#### NEW JERSEY

**Bloomfield.**—FRANCIS A. DENNIS, formerly prominent in association and legislative work in the state has received an appointment from the Red Cross Town and Country Nursing Service as its visiting nurse in this community. Miss Dennis has had two years of inactivity, due to ill health, and is only now able to resume work.

## NEW YORK

The New York State Nurses' Association will hold its thirteenth annual meeting in the Onondago Hotel, Syracuse, October 21 and 22. The League will meet on October 20 in the same hotel.

New York.—JAMES E. HITCHCOCK, secretary of the New York State Board of Nurse Examiners, has been granted a year's leave of absence from both her Examining Board and Settlement work and is resting at her home in New England. The vacancy thus caused in the Examining Board is filled by the appointment of Louise F. Arnold, Samaritan Hospital, Troy, while the secretary's work is being done for the time by Lydia E. Anderson, 100 Green Avenue, Brooklyn.

A MORTUARY HOSPITAL, for the reception of cases to be treated by the esophageal-narcophen anesthesia will, it is said, be established soon in the Bronx.

Ithaca.—THE ITHACA GRADUATE NURSES' ASSOCIATION was organized early in September at a meeting held in the rooms of the Business Men's Association. Fifteen nurses were present. Others who were unable to attend sent word that they would become members. The following officers were elected: president, Alice Burgess; vice president, Susan MacMillan; secretary, Marion May. Meetings will be held the first Monday of each month at 3 p.m. in the same place as the organization meeting.

Rochester.—THE MORRISON COUNTY REGISTERED NURSES' ASSOCIATION held a reception for the graduates of 1914 of the different hospitals on the evening of September 11.

Four Registered Nurses have sailed on the Red Cross ship: four from the Homeopathic Hospital, one from Dr. Lee's. A large number of the nurses of the city assembled at the station when they left to bid them Godspeed.

MARY F. LAIRD, a graduate of the Rochester General Hospital, who has been doing social service work in connection with the hospital for the past year, has been granted one of the Isabel Hampton Robb scholarships and will study this year at Teachers' College.

## NORTH CAROLINA

Albany.—MARGARET H. KRUMHOLTZ, former secretary of the American Nurses' Association, is working with Lydia Holman in carrying on the public health work which was established by Miss Holman some years ago and which is well known throughout the country.

## OKLAHOMA

THE OKLAHOMA STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold examinations October 26, 27, 1914, at St. Anthony's Hospital, Oklahoma City, Okla. Applications must be in ten days before date of examination. The Oklahoma law is compulsory and is being enforced.

MABEL GANNON, Secretary,  
1701 West 16 St., Oklahoma City.

## PENNSYLVANIA

Philadelphia.—THE NURSES' ALUMNUS ASSOCIATION OF THE MERCY HOSPITAL-BENEFICENT held its annual meeting in the nurses' home on June 9. The meeting was called to order by the president Mrs. Viola Felton, twenty-eight

members being present. The officers for the coming year are as follows: president, Mrs. Viola Feltus; vice presidents, Elizabeth Roe, Anna Wileoff and Eva Welby; treasurer, Edna Gray; recording secretary, Mrs. E. W. Shurtliff; corresponding secretary, Anna E. Wetherill. Mrs. Ardella Whitman, chairman of the Endowment Fund Committee, gave a complete history of the fund which was started on November 8, 1902, when the Association was informed that Mr. Clement E. Shumaker of Bridgton, New Jersey, had transferred bonds of the Cumberland Glass Company, valued at \$2000 to the Methodist Episcopal Hospital for the benefit of the graduate nurses. The Endowment Fund Committee was then formed and undertook to raise the additional \$2000 necessary to endow a room in the hospital. Through the untiring efforts of the committee and Association the full amount has been secured with an additional sum as a nucleus for a benefit fund or whatever the Association may desire. After a very interesting meeting the class of 1914 was entertained at the annual supper and a reception followed.

### RHODE ISLAND

THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for registration at the State Capitol, Providence, November 11 and 12. For further information apply to the secretary, LOUIE C. AYERS, Woonsocket Hospital, Woonsocket, R. I.

### TEXAS

THE TEXAS STATE BOARD OF NURSE EXAMINERS will hold examinations for the registration of nurses on November 10 and 11, at Fort Worth, Tarrant, San Antonio and Galveston. The regular meeting of the Board will be held at Fort Worth, November 12, 1914.

G. L. SHAWVER, R.N., Secretary.

THE TEXAS STATE BOARD OF NURSE EXAMINERS held examinations on May 13 and 14, 1914, at Fort Worth, San Antonio, El Paso and Galveston. Eighty nurses took the examination, fifty-seven of whom passed in all subjects. Twenty-three failed in one or more. This makes a total of 675 registered nurses in Texas. The regular meeting of the Board was held at San Antonio on May 22.

Galveston.—MARR A. JOHNSON, graduate of the Chicago Union Hospital and recently superintendent of the McComb City Hospital, Louisiana, is now in charge of the operating room at the John Sealy Hospital.

Breathem.—Some members of the Graduate Nurses' Association of Texas have been reported as follows: Helen B. Colby of Austin has accepted a position in the Breckenridge Sanatorium; Miss Howdick of Austin, is superintendent of Dr. Fischinger's Sanatorium in Taylor; Miss Franklin, of Dallas, has resigned from her position at the Baby Hospital in Dallas; Olive Smith of Dallas, has charge of the Baby Camp; Miss Holston is taking a course in hospital management and economics at Grace Hospital, Detroit; Louise Dietrich of El Paso, has charge of the Baby Camp at Cleveland, New Mexico.

Fort Worth.—The nurses of this city have recently organized an association with Miss Shennings as president and Miss Hardin as secretary.

Houston.—THE GRADUATE NURSES' ASSOCIATION was entertained at a picnic in the city park on July 15 by Miss Bart. A large number was present.

San Antonio.—THE SAN ANTONIO nurses are beginning to plan for the entertainment of the State Association next year. For the purpose of raising funds



they gave a lawn fete on the lawn of the Physicians' and Surgeons' Hospital. It was a very successful affair and has encouraged them to plan other events in the near future.

### VIRGINIA

STATE BOARD EXAMINATION, July, 1914

#### *Diseases of Children*

(Eight questions to be answered, including No. 1)

(1) What are the main points of difference in the nursing of children and the nursing of adults. (2) a. What is the average normal weight at birth and the rate of increase for the first year? b. How many milk teeth are there and at what age should they all have appeared? c. The permanent teeth? d. At about what age does childhood end? (3) What type of disease is most common during a. the first three years of life? b. between the ages of three and twelve? (4) a. What may convulsions in children indicate? b. What treatment may a nurse give, in the chance of a physician? (5) How should a nurse properly reply when told that it "is a good thing for children to have all the contagious diseases while they are young." (6) Give the correct names for the two diseases commonly called "true" and "false" croup? What is the now accepted treatment for the former? (7) What two diseases are frequently followed by suppurative otitis media? Why is this so dangerous? (8) What is pertussis and how should it be treated? (9) What is the real cause of the bad symptoms so often ascribed to "teething"? What simple treatment may a nurse give? (10) a. At what season of the year is infant mortality highest and why? b. How may this be lessened or prevented? (11) Define: marasmus, inanition, congenital, tetanus, pertussis, enterocolitis, chorea, parotitis, orthopedic, ophthalmia neonatorum.

#### *Medical Nursing*

(1) a. Describe the appearance of a patient suffering from apoplexy. b. alcoholism. c. convulsions. (2) Describe in detail the preparation and giving of a hot bath and the changing of the linen. (3) State the most important point in nursing tuberculosis in regard to both patient and public. (4) Give two causes of disease following hypodermic injection, and treatment to guard against them. (5) What immediate precautions against infection would you take in animal and human bites? (6) In what stage of typhoid fever are hemorrhages likely to occur and what should a nurse do until she can get a doctor? (7) Give treatment for packed rectum. (8) a. What are frequent complications of diphtheria? b. typhoid fever? c. measles? (9) What relative proportions of oxygen and nitrogen in so-called "pure air"? (10) State simple means you would use to check vomiting.

#### *Nurse's Medicines*

(1) Define: a. anodyne; b. hypnotic; c. physiological action. (2) What do the following abbreviations stand for: i.d., p.o., q.o., p.r.n., tr., ung., grm., and q.s.? (3) Name two emetics easily procured in a household. (4) a. How is a solution of corrosive sublimate 1-500 made? b. A 5 per cent solution of carbolic acid? (5) By what method would you get the quickest action of a drug? (6) Name and give usual dose of each of the following: a. narcotic; b. hypnotic;

c. heart stimulant. (7) Give common uses for the following: a. *oleum tiglii*; b. *oleum terbinthina*; c. *oleum ricini*. (8) a. Give dose of croton oil, and how best to administer it. b. tincture of iron. (9) a. Name a drug that causes dilation of the pupil of the eye. b. Contraction of the pupil. (10) Name symptoms of opium poisoning.

#### *Anatomy*

(1) Name the covering of bone and state its function. (2) How do fractures in the young differ from fractures in the aged? (3) a. Name the two classes into which muscles are divided. b. How are muscles attached to the skeleton? (4) Name the organs in the a. thoracic cavity; b. abdominal cavity; c. pelvic cavity. (5) By what name is the fifth cranial nerve known? Give a brief description of it.

#### *Physiology*

(1) What is the special function of the lymphatic glands? (2) What is the source of bile, and what are two of its functions? (3) What action does oxygen have on the blood? (4) In how many, and in what ways are the waste products eliminated from the body? (5) Why is the care of the teeth important? (6) Where would you make pressure on a lacerated limb if an artery were covered? Why? (7) a. Where are mucous membranes found? b. Serosa? c. Synovial? (8) Name the divisions of the alimentary tract. (9) Name two diseases that would indicate an inflamed condition of the intestinal tract. (10) What important openings does the stomach contain?

#### *Contagious and Infectious Diseases*

(1) In typhoid fever give the general rules for disinfection of: a. discharges and excreta; b. linen; c. utensils; d. nurse's hands. (2) What disposition should be made of excreta in typhoid fever where there is no sewerage? (3) Differentiate between the throat in tonsillitis and diphtheria. (4) Give in detail the preparation of a patient prior to his release from quarantine. (5) a. Name three contagious diseases most common among children. b. What symptoms in each will you first see? c. Give time of incubation. d. At what stage of the disease is each most frequently communicated?

#### *Surgical Nursing (including Gynecology)*

(1) Give in detail the post-operative care of perineorrhaphy. (2) a. What unfavorable symptoms would you watch for following an abdominal operation? b. Give the significance of each. (3) a. What are the symptoms of fracture? b. Give five different forms of fracture, describing each. (4) When a doctor wishes to apply a Buck's extension what appliances should the nurse have at the bed-side for his use? (5) Describe the various positions for pelvic examination. (6) Define:—dysmenorrhea; salpingitis; osteomyelitis; phlebitis; metapneum.

#### *Urinology*

(1) What particulars should be noticed in the examination of urine? (2) What is the average capacity of the adult bladder? (3) What is normal specific gravity of urine? (4) Give a test for albumin in the urine. (5) What is the condition of urine in an acute case of Bright's disease? (6) a. Give a test for

acid in urine. b. alkaline. (7) What causes cystitis? (8) Why is diet of special importance in diabetes mellitus? (9) What is the normal amount of urine voided in 24 hours? (10) What is urine?

#### *Nursing Ethics*

(1) Why should you join your State Association? (2) Tell what you know about your state law on nursing. (3) Name two national nurses' organizations. (4) What qualities do you think a nurse should cultivate to become a successful head-nurse? (5) If you were nursing a very unruly child, and the mother did not require the necessary discipline, what would you do? (6) If you were called on a case by the family and you knew the doctor did not care for you, what would you do? (7) If a patient took a dislike to you for some unknown reason, what would you do?

#### *Bacteriology*

(1) What are bacteria? Name and describe the three important groups into which they are divided according to shape. (2) In what branch of her work is a nurse's relation to bacteriology most emphasized, and why? (3) What is the difference between ordinary cleanliness and what is called "surgical cleanliness?" (4) Name three diseases caused by bacteria. (5) What is meant by a. "a positive culture?" b. "culture media?" (6) a. What are spores? b. What bearing have they on sterilization? (7) Define: pathogenic; anaerobic; pyogenic; saprophytic; pasteurization. (8) What is the cause of malaria?

#### *Dietetics*

(1) a. Name three foods we get our proteins from; b. three carbohydrates; c. three fats. (2) a. What do the proteins supply our body with? b. carbohydrates? c. fats? d. mineral matter? e. water? (3) What is modified milk? b. What utensils would you have and how would you proceed to modify milk? c. How do you get "top milk?" (4) a. Give some of the foods you would give a chronic diabetic patient. b. Some you would avoid. (5) Give a typical light diet; b. soft diet; c. full diet. (6) a. How do you make a cup of tea? b. coffee? c. cocoa? d. albumin? (7) Give recipe for making soft butter bread.

#### *Obstetrics*

(1) Give usual method of calculating date of labor. (2) What are the most common complications of pregnancy, and their causes? (3) What are the symptoms of a. toxemia? b. eclampsia? c. abortion? (4) Describe briefly the different stages of labor. (5) How should the nurse proceed when the doctor does not arrive in time for the delivery? (6) Describe the infant's first bath, including care of the eyes. (7) What do you consider the best method of caring for the cord? (8) Why is it so important to watch for any abnormal conditions of infant's stools? (9) a. What is the name for the first intestinal discharge after birth? b. How soon should the character of the stool change? c. What should be the character of stool after that first intestinal discharge? (10) Define: embryo; fetus; parturition; colostrum; primipara.

#### *Hygiene*

(1) What is meant by a. public hygiene; b. personal hygiene? (2) Outline a plan, briefly, but not omitting any essential point, for the proper disposal of

the excreta of a small general hospital. (Proper coverings is assumed, and garbage or trash is not referred to, but all forms of bodily discharges, and dressings, etc.). (3) What is the object of ventilation? b. Describe some simple methods of ventilating a sick room, where patent appliances are not available. (4) Give a reliable disinfectant for each of the following, and state exactly how each is to be used: a. typhoid stools; b. bed clothing from a case of typhoid; c. tuberculosis sputum. (5) What is the actual value of dishes of a germicidal solution placed about a sick room? (6) Why should the room of a malarial patient be screened? (7) Is night air dangerous? Give one good reason for the view formerly held. (8) Give two diseases spread exclusively by insects and the names of the latter. (9) Give two diseases caused by a. water; b. milk; c. flies. (10) What general and special hygienic precautions should be observed by nurses, during their training and while practicing their profession, in order to preserve their own health?

#### WEST VIRGINIA

THE GRADUATE NURSES' ASSOCIATION OF WEST VIRGINIA held its fifth annual meeting in Wheeling on September 1, 2, 3 and 4. Conjointly with this was held the fifth annual meeting of the Superintendents of Training Schools for Nurses of West Virginia.

The sessions opened with a Superintendents' meeting on September 1, at the Hotel Windsor. After a prayer by Rev. Jacob Brittingham, Mrs. H. C. Lounsbury, president of the Superintendents' Society, gave an address. Lena A. Warner, president of the Tennessee Board of Examiners of Nurses spoke. A discussion of methods with a question box followed. In the afternoon, at the same place, the program was opened with an address by Dr. L. D. Wilson. A paper, *Some Present Day Standards in Schools for Nurses and How Best Maintained*, was read by Mrs. Jennie M. Fontaine, principal of the Training School of the Ohio Valley General Hospital. A discussion followed led by Miss Bender of Charleston. Mrs. Susan Cook, delegate to the American Nurses' Association Convention at St. Louis, gave a paper, *Curriculum*. In the evening a reception was given at the Ohio Valley General Hospital by the Woman's Hospital Association.

The Graduate Nurses' Association met September 2, at the Hotel Windsor. Bishop P. J. Donahue delivered the opening prayer. Hon. H. L. Kirk, Mayor of Wheeling gave a hearty address of welcome to which response was made by Miss O'Grady of Charleston. Next followed reports by Mrs. R. J. Balford, the secretary-treasurer, and Mrs. Susan Cook, delegate to the Convention of the American Nurses' Association. The proposed revised constitution and by-laws were read and put to vote. Reports were heard from the alumnae associations of the Ohio Valley General Hospital, Wheeling, and the Wheeling Hospital. The Associations of Cabell, Harrison and Ohio counties reported through Mrs. Susan Cook. The afternoon session was given over to tuberculosis work. Reports from various cities were presented, namely, Charleston, by Irma Stiles; Huntington, by Mrs. Burns; Fairmont, by Miss Jacobs; Parkersburg, by Jennie Jones; Wheeling, by Mr. A. E. Stahn, secretary of the Associated Charities; View Point, Elm Grove, by Florence Peas. Addresses given were, *The Tuberculous Nurse* by Stella Tappan; *State Work in Terra Alta* by Miss Pealy; *Sanitation in Rural West Virginia* by Dr. Harriet E. Jones, Glendale; *Value of Tuberculin and Lymphs in Tuberculosis* by Dr. John W. Gilmore. A banquet was given in the evening

at the Hotel Windsor to the visiting nurses by the Ohio County Graduate Nurses' Association.

The Thursday morning session was opened by Lena B. Warner. A demonstration was given of the teaching of practical nursing, by Harriet M. Phalen, assistant principal and instructor, Ohio Valley General Hospital, after which the visiting nurses were conducted through the hospital. In the afternoon an address was given by Jennie Quimby, president of the Ohio County Graduate Nurses' Association, followed by a paper on School Work in Wheeling by Clara Ross and one on Prevention of Blindness by Carolyn Van Marsum of New York, which was read by Mrs. Cook. Francis L. Reed spoke on Public Welfare and Emergency. Dr. W. A. Quimby gave an address on Practical Application of the X-Ray and Exhibition Plates, followed by two papers, Where the Trained Nurse Falls, by Katharine Moriarty, Wellsburg; Florence Nightingale, read by Mrs. R. J. Bullard. In the evening the Wheeling Hospital gave an informal reception including an inspection of the hospital by the visiting nurses.

The last session of the convention was held at the Windsor Hotel and was opened by Dr. S. L. Jopson who gave a paper on The Trained Nurse in Preventive Medicine. Jane A. Delano was to give an address on the Red Cross but was unable to attend because of the pressure of work at the present time. Mrs. M. J. Steele gave a paper on Massage. The convention closed with the annual election of officers which resulted as follows: president, Mrs. H. C. Leansberry; vice-presidents, Mrs. Susan Cook and Katharine Moriarty; secretary-treasurer, Mrs. R. J. Bullard; delegate to San Francisco, Mrs. H. C. Leansberry, with Mrs. R. J. Bullard as alternate; delegate to Federation of Women's Clubs, Parkersburg, Margaret O'Grady.

The next annual meeting will be held in Elkins.

#### MARRIAGES

On June 22, at Monmouth, Illinois, Cecil O. Courney, graduate of Monmouth Hospital, to Alfred L. Brown. Mr. and Mrs. Brown will live in Smithshire, Illinois.

On August 11, at Lansing Michigan, Lillian Arft, class of 1911, University Hospital, Ann Arbor, to James H. Agnew, M.D. Miss Arft was one of the assistant superintendents of the University of Michigan Training School. Dr. and Mrs. Agnew will live in Mobile, Alabama.

On June 28, at Chicago, Mrs. Florence O. Gibbs, Park Avenue Hospital, to William F. Sonnenberger, M.D., of Williams, Iowa.

On August 25, at Wynnewood, Pennsylvania, Elizabeth Helen Williams, class of 1905, Presbyterian Hospital, Philadelphia, to George Malcolm Laws, M.D.

On August 29, at Augusta, Maine, by the Rev. L. D. Evans of Camden, Maine, father of the bridegroom, Elizabeth Victory, graduate of the McLean Hospital, Waverly, and the Massachusetts General Hospital, Boston, to Henry Daienydd Evans, Director of the Maine State Laboratory of Hygiene. Mr. and Mrs. Evans will live in Augusta.

On September 1, at New Haven, Connecticut, Alpha Grace Hafer, class of 1911, Connecticut Training School, to Lian A. Tread McFell.

On June 25, Helen Gilbert Long, graduate of the Methodist Episcopal Hospital, Philadelphia, to Joseph Walter Post, M.D. Dr. and Mrs. Post will live in Philadelphia.

On August 12, Olive Kliffman, class of 1905, Proctor Hospital, Peoria, Illinois, to Robert W. Farr. Mr. and Mrs. Farr will live in Hanna City, Illinois.



On September 1, at New Rochelle, New York, Amy A. Armour, to Charles A. Smith, M.D. Dr. and Mrs. Smith will live in New Rochelle. Miss Armour has been for several years superintendent of the New Rochelle Hospital.

#### DEATHS

On May 17, at Saranac Lake, New York, Wilhelmina Murray, class of 1891, Seney Hospital, Brooklyn. After graduating Miss Murray spent several years in Brooklyn and then went to Saranac where she has been a faithful and earnest worker among the tuberculosis patients. A self-sacrificing, sincere Christian, her efforts were unflinching for others. She has gone to her reward beloved by all who knew her and mourned by many.

On September 2, at the Presbyterian Hospital, Chicago, Janet A. Topping, class of 1893, Illinois Training School for Nurses. Miss Topping was one of the first graduates of the Illinois Training School and one of the best known, for she was a most faithful attendant at the alumnae meetings and for years an interested worker. She had long lived alone, the immediate members of her family having died, and the training school and alumnae association took the place of family ties. She had the confidence and respect of everyone who knew her. Though she had been in frail health for years, she managed to support herself honorably and usefully till the end and no one was more quick to do for others who were ill or in need of any kind. She loved to share the comforts of her little home with the younger graduates or pupil nurses and tided many a one over times of homesickness or discouragement. The Home Fund of the alumnae association was her special project and to it she left her small savings. She had gone to the Presbyterian Hospital to be operated upon for an attack of gall stones and was occupying the endowed room of the association. Before the operation took place she died suddenly, probably from cerebral hemorrhage. Many nurses had visited her at the hospital and large numbers attended her funeral. No one will ever think of her without remembering her high ideals, her warm heart and her faithfulness to duty as she saw it.

On September 31, at the Walter Reid Hospital, Takoma Park, Washington, D. C., Isabel Malanua, class of 1893, Illinois Training School, Chicago; superintendent of the Army Nurse Corps; late superintendent of the Illinois Training School for Nurses.

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

**A TABLE FOR TWO.** By Eldene Davis. Price, \$1.00. Forbes and Company, Chicago.

These are most attractive pages, especially for young housekeepers. However, the recipes are not especially interesting to nurses and would appeal only to the nurse who is quitting the profession to conduct a "table for two" as her life work.

**MATERIA MEDICA FOR NURSES.** By A. S. Blumgarten, M.D., Instructor in Materia Medica at the German Hospital Training School for Nurses, New York. Price \$2.50. The Macmillan Company, New York.

This new materia medica, written with special reference to the needs of the nurse, is excellently arranged and will be found distinctly helpful to teachers and pupils.

The author, who is also a teacher of materia medica, found that though there were many and various works on the subject already in use in the nurse training schools, there was none arranged exactly on the lines which he has followed, namely, laying emphasis on the two first branches, materia medica proper and pharmacognosy. Pharmacognosy deals with the botanical, chemical and physical properties of drugs and pharmacology or pharmacodynamics with the study of the action and effects of drugs and the changes which they produce in the body and its organs. The third great division, therapeutics, which deals with the treatment of disease, not being of so great importance to nurses is only included in short notes, mainly on the best manner of administering the drugs. These notes are often arranged with others on physiology. The manner of administering is also given in the group on poisons, where it is necessary for a nurse to know the treatment to be given in an emergency.

The classification of drugs is based upon their therapeutic use as the action is taught in this way. They are arranged in two great groups, stimulants and depressants, and are then subdivided according to the particular organ or system which they principally affect.

**Nurses for Our Neighbors.** By Alfred Worcester, A.M., M.D., Fellow of the Massachusetts Medical Society; Member of the Obstetrical Society of Boston; Ex-President of the Harvard Medical School Alumni Association; President of the Waltham Training School for Nurses; Chief of Maternity Service, Waltham Hospital; Consulting Physician Elliot City Hospital, Keene, New Hampshire. Price \$1.25. Houghton, Mifflin Company. The Riverside Press, Cambridge, Boston and New York.

Dr. Worcester, who is chief of the Maternity Service of Waltham Hospital and President of the Waltham Training School for Nurses, gives us a most readable book in his *Nurses for Our Neighbors*. It is retrospective and his backward look over a long life of service to the sick of all classes but particularly of the poorer and more dependant, gives us a charming picture of high ideals preserved amid the hardness and ugliness incident to service in hospital work. Many experiences are related that reveal the intensely sympathetic and tenderhearted friend that lies concealed in almost every medical man and which goes to show how almost limitless must be the measure of charity that is necessary for the medical man whose practice calls him to the hospital wards in the poorer industrial centers of the country.

Dr. Worcester arraigns the modern nursing methods and criticizes present day nurses with a good deal of severity. In the comparison of present times with other times, the nursing of the day does not appear to advantage. It is well to remember, however, that if the nurse of today is more scientific than sympathetic, she is a very great improvement on the combination of ignorance and immorality that may also be found if one searches the past. We are inclined to agree with Dr. Worcester that the nurses encountered in hospital wards today often seem to lack sympathy, the reason for which seems to be in the youth of the nurses. Young people generally seem to be intolerant of weakness in all forms. They foster a sort of hardness which inevitably melts before the experiences of life that come soon enough to most. It is this hardness and lack of sentiment which Dr. Worcester deplures in the probationers of today. I wonder how many women whose business is to train and develop the character of these young probationers will agree with him.

One feels tempted to ask why the scientific nurse should be in so much greater danger of becoming a heartless machine than the scientific surgeon or physician. Modern discoveries in medicine and surgery are supposed to alleviate, in great measure, the sufferings of humanity. We hope that our newer and more thorough training may produce better and abler nurses.

## OFFICIAL DIRECTORY

**The American Journal of Nursing Company.**—President, Clara D. Noyes, R.N., Bellevue Hospital, New York. Secretary, Minnie H. Ahrens, R.N., 104 South Michigan Avenue, Chicago, Ill.

**The American Nurses' Association.**—President, Genevieve Coche, R.N., 1143 Leavenworth Street, San Francisco, Cal. Secretary, Katharine DeWitt, R.N., 65 South Union Street, Rochester, N. Y. Treasurer, Mrs. C. V. Twiss, R.N., 419 West 146th Street, New York, N. Y. Annual meeting to be held in San Francisco, Calif., May 21-June 4, 1915.

**The National League of Nursing Education.**—President, Clara D. Noyes, R.N., Bellevue Hospital, New York, N. Y. Secretary, Sara E. Parsons, R.N., Massachusetts General Hospital, Boston, Mass. Treasurer, Mary W. McKeehan, R.N., 629 West 118th Street, New York City. Annual meeting to be held in San Francisco, Calif., May 21-June 4, 1915.

**The National Organization for Public Health Nursing.**—President, Mary S. Gardner, R.N., 159 Washington Street, Providence, R.I. Secretary, Ella Phillips Crossland, R.N., 22 East 34th Street, New York City. Annual meeting to be held in San Francisco, Calif., May 21-June 4, 1915.

**National Committee on Red Cross Nursing Service.**—Chairman, Jane A. Dolano, R.N., 711 Union Trust Building, Washington, D. C.

**Army Nurse Corps, U. S. A.**—Superintendent, Dora E. Thompson, R.N., Room 2459 War Department, Washington, D. C.

**Naval Nurse Corps, U. S. N.**—Superintendent, Leah S. Higbee, M.L.A., R.N., Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

**Isabel Hampton Robb Memorial Committee.**—Chairman, Isabel McInnes, R.N., Room 2459 War Department, Washington, D. C. Treasurer, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls, Mass.

**Nurses' Relief Fund Committee.**—Chairman, L. A. O'Hanlon, R.N., Allentown, Pa. Treasurer, M. Louise Twiss, R.N., 419 West 146th Street, New York City.

**National Bureau on Legislation and Information.**—Chairman, Mary C. Wheeler, R.N., 529 Monroe Street, Chicago, Ill.

**Department of Nursing and Health, Teachers' College, New York.**—Director, M. Adelaide Nutting, R.N., Teachers' College, Columbia University, 125th Street, New York City. Assistant Professor, Anna W. Goodrich, R.N., Teachers' College, New York City. Instructor, and Secretary of the Nursing and Health Branch of Teachers College Alumni Association, Isabel M. Stewart, R.N., Teachers College, New York City.

**Alabama.**—President, Liana H. Denny, 127 North 29th Street, Birmingham. Secretary, Mary Danner, 1210 Eleventh Ave., South, Birmingham.

**Arkansas.**—President, Mrs. F. W. Aydtott, 1225 Park Avenue, Little Rock. Secretary, Belle McKnight, Davies Hospital, Pine Bluff. President ex-officio, Mrs. E. W. Aydtott, 1225 Park Avenue, Little Rock. Secretary-treasurer, Mrs. F. W. Aydtott, 1225 Park Avenue, Little Rock.

**California.**—President, Mrs. Anna W. Evans, R.N., 62 Fairmont Avenue, Oakland. Secretary, Mrs. Benjamin Taylor, R.N., 122 Second Street, Ocean View, San Francisco. Director, Bureau of Registration of Nurses, Anna C. James, R.N., State Board of Health, Sacramento.

**Colorado.**—President, Harriett Downen, R.N., Fort Collins Hospital, Fort Collins. Secretary, Edith Mangrove, R.N., 1835 Emerson, Apartment 6, Denver. President examining board, Mary B. Eyre, R.N., 1771 Pennsylvania Avenue, Denver. Secretary, Louise Ferrin, R.N., State House, Denver.

**Connecticut.**—President, Mrs. Winifred Ann Hart, R.N., 682 East Broadway, Stratford. Secretary, Harriet E. Gregory, R.N., 187 Charles Turnen, Waterbury. President examining board, Louisa Sutherland, R.N., Hartford Hospital, Hartford. Secretary, R. Indo Albough, R.N., Pleasant Valley.

**Delaware.**—President, Mrs. Estelle Hall Spackman, R.N., Claymont. Secretary, Amy Allen, R.N., 2422 West Street, Wilmington. President examining board, Harold L. Springer, M.D., 1913 Washington Street, Wilmington. Secretary and treasurer, Anna M. Hook, R.N., 622 West Ninth Street, Wilmington.

**District of Columbia.**—President, Estelle Wheeler, 1225 Culvert Street, Washington. Secretary-treasurer, Zeida Kibler, 706 Eleventh Street, N. W., Washington. President examining board, Lily Kanaky, R.N., 1728 G Street, Washington. Secretary-treasurer, Helen W. Gardner, R.N., 1267 E Street, N. W., Washington.

**Florida.**—President, Nettie L. Finnegan, R.N., DeSoto Sanatorium, Jacksonville. Corresponding Secretary, Anna Davida, R.N., Florida East Coast Railway Hospital, St. Augustine. President examining board, Anna Davida, R.N., Florida East Coast Railway Hospital, St. Augustine. Secretary, Isaac B. Foote, R.N., 25 East Bay Street, Jacksonville.

**Georgia.**—President, Ada Finley, R.N., 417 North Boulevard, Atlanta. Corresponding secretary, Mrs. Theodora Wardell, 246 Courtland Street, Atlanta. President examining board, Ella M. Johnston, R.N., 282 West 25th Street, Savannah. Secretary and treasurer, Emily R. Dandy, R.N., 622 Green Street, Augusta.

**Idaho.**—President, Mrs. Gertrude Ough, R.F.D. No. 1, Boise. Secretary, Emma Amick, R.N., 125 Warm Springs Ave., Boise. President examining board, Mrs. Mabel B. Avery, R.N., 212 South 4th St., Boise. Secretary-treasurer, Mopine Hanley, 222 Washington Street, Boise.

**Illinois.**—President, Elmore Thomson, R.N., 116 South Michigan Avenue, Chicago. Secretary, Mrs. W. E. Bush, R.N., 622 Whitcomb Avenue, Chicago. President examining board, Adelaide Mary Walsh, R.N., 122 E. Chicago Avenue, Chicago. Secretary and treasurer, Anna Louise Tittman, R.N., State Capital, Springfield.

**Indiana.**—President, Anna Eals, R.N., 124 North Alabama Street, Indianapolis. Secretary, Ida M. Gaskill, R.N., 29 The Guilford, Indianapolis. President examining board, Miss D. Owen, R.N., 11 Bungalow Park, Indianapolis. Secretary, Edna Humphrey, R.N., Covingtonville.

**Iowa.**—President, Martha Oakes R.N., St. Luke's Hospital, Des Moines. Corresponding secretary, Helen C. Peterson, R.N., 1122 Court St., Sioux City. President examining board, W. L. Sturges, M.D., Des Moines. Secretary, Guilford H. Sumner, M.D., Capitol Building, Des Moines.

**Kansas.**—President, Mrs. A. R. O'Each, R.N., 1222 North Market Street, Wichita. Secretary, Mrs. W. E. Barker, 224 Bank Building, Hutchinson. President examining board, W. A. Dyeon, M.D., Leavenworth. Secretary, Mrs. A. R. O'Each, R.N., 1222 North Market Street, Wichita.

**Kentucky.**—President, Caroline C. Collins, 622 West Sixth Street, Louisville. Corresponding secretary, Mary E. Candy, 124 West Chestnut Street, Louisville. President examining board, Mary Alexander, 2223 Hepburn Avenue, Louisville. Secretary, Flora B. Hunt, R.N., Sumner.

**Louisiana.**—President, Agnes Thrapp, R.N., 612 Constantine Street, New Orleans. Secretary, Mrs. Lydia Brown, 612 Constantine Street, New Orleans. President examining board, J. T. Crockett, M.D., 1227 William Mandie Building, New Orleans. Secretary, G. A. Eals, M.D., 22-24 Canale Building, New Orleans.



**Maine.**—President, Edith L. Soule, 68 High Street, Portland. Corresponding Secretary, Maria M. Irish, 47 Bramhall Street, Portland.

**Maryland.**—President, Mrs. Ethel Palmer Clark, R.N., University Hospital, Baltimore. Secretary, Ella J. Taylor, R.N., Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital, Baltimore. President examining board, Helen C. Bartlett, R.N., 624 Reservoir Street, Baltimore. Secretary and treasurer, Mrs. Elizabeth F. Best, R.N., 1211 Cathedral Street, Baltimore.

**Massachusetts.**—President, Mary M. Riddle, R.N., Newton Hospital, Newton Lower Falls. Corresponding secretary, Charlotte W. Dana, R.N., 24 McLean St., Boston. President examining board, Mary M. Riddle, Newton Hospital, Newton Lower Falls. Secretary, Walter P. Bowers, M.D., Boston.

**Michigan.**—President, Elizabeth A. Greener, Hackley Hospital, Muskegon. Corresponding secretary, Jane M. Padell, R.N., University Hospital, Ann Arbor. President examining board, Mrs. Elizabeth Tracy, R.N., Detroit. Secretary, Arthur W. Schinner, M.D., Lansing.

**Minnesota.**—President, Mrs. E. W. Stahr, 2616 Irving Avenue South, Minneapolis. Secretary, Augusta E. Mottel, Curtis Court, Minneapolis. President examining board, Edith P. Rammel, R.N., The Hampshire Arms, Minneapolis. Secretary, Helen M. Watersworth, R.N., The Hampshire Arms, Minneapolis.

**Mississippi.**—President, Jennie M. Quinn, Hattiesburg Hospital, Hattiesburg. Secretary, Louis Steele, R.N., 218 South Poplar Street, Greenville. President examining board, Jennie M. Quinn, Hattiesburg Hospital, Hattiesburg. Secretary-treasurer, M. E. Tyng, Sanitarium, Greenville.

**Missouri.**—President, Margaret McKinley, R.N., 5226 Delmar Boulevard, St. Louis. Corresponding secretary, Isabelle Welland, 2817 Delmar Avenue, St. Louis. President examining board, Maude Landis, R.N., University Hospital, Kansas City. Secretary-treasurer, Mrs. Fanny E. S. Smith, 226 Elm Street, Columbia.

**Minnesota.**—President, Gertrude Stearns, 222 East Front Street, Minnesota. Corresponding secretary, Mrs. Helena E. Curtis, 222 West Copper Street, Butte. President examining board and Inspector of Training Schools, Lucy A. Marshall, R.N., 222 South Third Street, Minnesota. Secretary and treasurer, Florence Amen, R.N., 221 Center Avenue, Billings.

**Nebraska.**—President, Carrie S. Lous, R.N., Majestic Apartments, Omaha. Secretary, Frances E. Wilson, R.N., Methodist Hospital, Omaha. President examining board, Ellen Stewart, Clarkson Memorial Hospital, Omaha. Secretary, William B. Staff, 1716 Dodge Street, Omaha.

**New Hampshire.**—President, Jennie B. Mower, R.N., Beacon Hill Hospital, Manchester. Secretary and treasurer, Bertha M. Connell, R.N., State Hospital, Concord. President examining board, Grace P. Haskell, R.N., Wentworth Hospital, Dover. Secretary, Julia B. Spinney, R.N., C. F. Wright Memorial Hospital, Newport.

**New Jersey.**—President, Arabella R. Crook, R.N., 25 Elm Street, Elizabeth. Secretary, Mrs. J. Avery Stephen, R.N., 224 William Street, East Orange. Treasurer, Mary E. Rockwell, R.N., 724 Wright Avenue, Camden. President examining board, Elizabeth B. Spinks, R.N., 275 North Avenue, Newark. Secretary-treasurer, Jennie M. Shaw, R.N., 427 Orange Street, Newark.

**New York.**—President, Mrs. Charles G. Stevenson, R.N., 1216 52nd St., Brooklyn. Secretary, Mrs. Hugh B. Jack, R.N., 712 Union Avenue, Bronx. President examining board, Lina Lightbourne, R.N., Adams. Secretary pro tem, Lydia E. Anderson, R.N., 122 Greene Avenue, Brooklyn.

**North Carolina.**—President, Chas. Webb, R.N., Greensboro. Secretary, F. May Williams, R.N., Davidson. President examining board, Wila H. MacNichols, R.N., Presbyterian Hospital, Charlotte. Secretary and treasurer, Lela A. Tommas, R.N., 122 S. Fourth Street, Wilmington.

**North Dakota.**—President, Bertha Erickson, R.N., University. Secretary, Mrs. Angela G. Selvig, R.N., Apartment 225 Improvement Building, Fargo.

**Ohio.**—President, Mary E. Gladwin, 726 Second National Bank Building. Akron. Secretary, Mahel Morrison, Edinwood Hospital, Toledo.

**Oklahoma.**—President, Mrs. Ida Rose Rogers, R.N., 224 West Gay Street, Norman. Secretary, Rose E. Walker, R.N., 22 East. President examining board, Lany Maguire, R.N., St. Anthony's Hospital, Oklahoma City. Secretary and treasurer, Mahel Gantman, R.N., 1261 West Fifteenth Street, Oklahoma City.

**Oregon.**—President, Edith Duke, R.N., 224 Third Street, Portland. Secretary, Mrs. George C. Turnbull, R.N., 224 West Fifteenth Street, Portland. President examining board, Mrs. G. E. Chisum, R.N., 224 Oakdale Avenue, Medford. Secretary-treasurer, Jane V. Dyer, R.N., 224 Kinney Street, Portland.

**Pennsylvania.**—President, Ida F. Olsen, R.N., German Hospital, Philadelphia. Secretary-treasurer, Mary S. Mann, R.N., Norwood. President examining board, William B. Bishop, M.D., 1222 South Broad Street, Philadelphia. Secretary-treasurer, Albert E. Blackburn, M.D., 2223 Powelson Avenue, Philadelphia.

**Rhode Island.**—President, Mrs. Harriet P. Churchill, 222 Broad Street, Providence. Corresponding secretary, Alice Young, Providence Lying-in Hospital, Providence. President examining board, Henry C. Hall, M.D., Butler Hospital, Providence. Secretary-treasurer, Lany C. Ayer, R.N., Woonsocket Hospital, Woonsocket.

**South Carolina.**—President, Julia Iley, Laurens. Secretary, Virginia M. Gibson, 1201 College Street, Columbia.

**Tennessee.**—President examining board, Lany A. Warner, R.N., 222 Schuster Building, Memphis. Secretary, Martha Cleveland, Wartman.

**Texas.**—President, E. J. Brint, R.N., Physicians and Surgeons Hospital, San Antonio. Secretary, Betta Johnson, R.N., Busham. President examining board, M. Maud Miller, R.N., 222 Sixth Street, San Antonio. Secretary, Clara L. Shaddock, R.N., John Seely Hospital, Galveston.

**Utah.**—President, Agnes M. Hagan, 222 N. West Temple, Salt Lake City. Secretary, Mary A. Powell.

**Vermont.**—President, Mary E. Schumacher, R.N., Rutland Memorial Hospital, Rutland. Secretary, Margaret O'Connor, 222 Ford Street, Burlington. President examining board, Dany C. Hickey, M.D., Burlington. Secretary, Mary E. Schumacher, Rutland Memorial Hospital, Rutland.

**Virginia.**—President, Celia Elin, Danville General Hospital, Danville. Secretary, Agnes D. Randolph, State Department of Health, Richmond. President examining board, Mary Fletcher, R.N., Lexington. Secretary, Julia McWhamp, R.N., 222 Radgate Avenue, Norfolk.

**Washington.**—President, Mrs. Edna Robinson, R.N., Federal Building, Richmond Highlands, Seattle. Secretary, Katherine Meyer, R.N., 222 Oak Building, Seattle. President examining board, Mrs. Williams, R.N., St. John's Hospital, Bellingham. Secretary and treasurer, Anna T. Phillips, R.N., 221 South Fourth Street, Tacoma.

**West Virginia.**—President, Mrs. Grace Lowmery, 1122 Lee Street, Charleston. Secretary, Mrs. E. J. Ballard, 222 Broadway, Market's Square, C. President examining board, Dr. J. Melvin Allen, Martinsburg. Secretary, Dr. Charles M. Scott, Wheeling.

**Wisconsin.**—President, Stella S. Matthews, R.N., 222 Brady Street, Milwaukee. Secretary, Miss Northman, R.N., 222 Marshall Street, Milwaukee. President examining board, Anna Dwyer, R.N., 222 Jackson Street, La Crosse. Secretary, Anna J. Harwell, R.N., 222 Johnson Street, Madison.

**Wyoming.**—President, Mrs. James E. Mills, R.N., Bush Springs. Secretary-treasurer, Mary Brown, R.N., Starline Hospital, Cheyenne. President examining board, Mrs. James E. Mills, R.N., Bush Springs. Secretary, Martha A. Chisum, R.N., Casper.